2008 FOR PROFIT CORPORATION ANNUAL REPORT





ACKSONVILLE, FL 32210 US ACKSONVILLE, FL 32210	1. Entity Name SUMMER IMAGE TANNING OF JAX, INC.							04-14-2008	90037-0	30 ***130	7.00
Suite Appl. #, etc. Suite	7451-20 10	3RD STREET	7451-20 103RD STREET				40067434				
Suite Appl. #, etc. Suite	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Zop	Suite, Apt.	#, etc.	Suite, Apt. #, etc.								
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent Sireer Address (P.O. Box Number is Not Acceptable) Name	City & State	е	City & State						<u> </u>		
Name	Zip	Country	Zip	Count	гу					\$8.75 Add	litional
WOLFE, LAWRENCE A 1509 SPRING BRANCH DR. E. JACKSONVILLE, FL. 32221 City FL Zip Code City FL Zip Co		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent						
Sirrest Address (P.O. Box Number is Not Acceptable)	MOLEET	AVAIDENCE A			Name						
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am Tamiliar with, and access the obligations of registered agent. SIGNATURE Signature hood or printed name of registered agent and tire 4 spokedate. INCITE. Registered Agent agriculars included when rentearroph. DATE	1690 SPRING BRANCH DR. E.				Street Address (P.O. Box Number is Not Acceptable)						
THE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE MAME STREET ADDRESS CITY-51-2P JACKSONVILLE, FL 32221 TITLE STREET ADDRESS CITY-51-2P TITLE STREET ADDRESS CITY-51-2P TITLE MAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-51-2P TITLE MAME STREET ADDRESS CITY-51-2P TITLE Delete TITLE MAME STREET ADDRESS STREET ADDRESS CITY-51-2P TITLE MAME STREET ADDRESS CITY-51-2P STREET ADDRESS CITY-51-2P AD					City				FL	Zip Code	3
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After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE WOLFE, LAWRENCE A Delete TITLE MAME 1690 SPRING BRANCH DR. E. STREET ADDRESS CITY-ST-2P ITTLE VP Delete TITLE NAME NA	SIGNATURE_	Signature, typed or printed name of registered agent	and trile if applicable. (NOTI	E: Registered	Agent signature	required	when reinstaling)		DATE		;
ITILE NAME STREET ADDRESS THE NAME STREET ADDRESS STREET ADD				-						, , , , , , , , , , , , , , , , , , ,	
MAME SIREEI ADDRESS CITY-ST-ZIP TITLE VOLEE, LAWRENCE A 1690 SPRING BRANCH DR. E. JACKSONVILLE, FL. 32221 Delete ITILE SIREEI ADDRESS CITY-ST-ZIP JACKSONVILLE, FL. 32220 TITLE STREEI ADDRESS CITY-ST-ZIP JACKSONVILLE, FL. 32220 Delete TITLE SOUTH, DEBORAH E SIREEI ADDRESS CITY-ST-ZIP JACKSONVILLE, FL. 32220 Delete TITLE SOUTH, ST-ZIP JACKSONVILLE, FL. 32220 Delete TITLE SOUTH, ST-ZIP TITLE NAME SIREEI ADDRESS CITY-ST-ZIP TITLE NAME SIREEI ADDRESS SIREEI ADDRESS CITY-ST-ZIP TITLE NAME SIREEI ADDRESS	10.	OFFICERS AND	DIRECTORS	11.		****	ADDITIONS/	CHANGES TO OF	FICERS AN	D DIRECTORS	3 IN 11
MAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32220 TITLE SAME VOLFE, SUSAN C 1690 SPRING BRANCH DR. E. JACKSONVILLE, FL 32221 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	WOLFE, LAWRENCE A 1690 SPRING BRANCH DR. E.	☐ Delele	NAME STREE	T ADDRESS					☐ Change	Addition
TITLE NAME WOLFE, SUSAN C STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	SMITH, DEBORAH E 9151 W. BEAVER STREET	☐ Delete	NAME STREE					ey 1 1205	☑ Change	☐ Addition
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CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated as this country of the exemptions contained in Chapter 119, Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with		NAME STREE CITY-	ST-ZIP	ntained	in Chapter 119	Florida Statutos	i further co		Addition

indicated of this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laurence a Wolfe	(Lawrence A. Wolfe)	4/11/08	_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI	NG OFFICER OR DIRECTOR	Date	Daytime Phone #