

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90040 007 ***150.00

DOCUMENT # P95000082807

1. Entity Name
SUN BODY TANNING, INC.



Principal Place of Business
**4732 A S. KIRKMAN ROAD
ORLANDO, FL 32835 US**

Mailing Address
**4732 A S. KIRKMAN ROAD
ORLANDO, FL 32835 US**

94028344



01292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3344478

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LYNG, JOSEPH E.
2901 BLAKELY DRIVE
ORLANDO, FL 32835**

**DO NOT WRITE
IN THIS SPACE**

8. 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 familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**PTS
LYNG, JOSEPH E
2901 BLAKELY DRIVE
ORLANDO, FL 32835**

TITLE
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CITY, ST, ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if 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:

Joseph E. Lyng

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

467-719-9015

Date

Daytime Phone #