




**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000033094</b>			
1. Entity Name <b>FANTANNIES A TANNING BOUTIQUE, INC.</b>			
Principal Place of Business <b>9100-8 MERRILL ROAD JACKSONVILLE, FL 32225</b>	Mailing Address <b>9100-8 MERRILL ROAD JACKSONVILLE, FL 32225</b>		
<b>DO NOT WRITE IN THIS SPACE</b>			
		01242005    No Chg-P    CR2E034 (10/03)	
		4. FEI Number <b>59-3453190</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent			
<b>COPELAND, W. THOMAS 421 NORTH THIRD STREET JACKSONVILLE BEACH, FL 32250</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <b>BARNHART, JAMES E SR 9100-8 MERRILL ROAD JACKSONVILLE, FL 32225</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS <b>BARNHART, TIMOTHY E 9100-8 MERRILL ROAD JACKSONVILLE, FL 32225</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: 		<b>1-28-05</b>	<b>9047432121</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #