2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2004 08:00 AM Secretary of State

1. Entity Name	MENT # P970600720 HILLS TAN, INC.	34					
Principal Place 2795 GULF TI CLEARWATER	O BAY BLVD.	Mailing Address 2795 GULF TO BAY BLVD. CLEARWATER, FL 34619			T TAKU TAKU BAJUK BAJUK TAN	f kwin indiw nomi	TYTTY IIIF BEBUUK EI FYNI
DO NOT WRITE IN THIS SPA			CE	03232004 4. FEI Numbe 59-346		CR2E034	**************************************
6. Name and Address of Current Registered Agent							
MEIER, DAN 2795 GULF TO BAY BLVD. CLEARWATER, FL 34619			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.							
the configurate of collisions allowed							
SIGNATURE Signature, typed or printed name of registered agent and side if applicable (NOTE: Registered Agent agreature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution				5.00 May Be ded to Fees	U0000 03/29/04	10097614 1-800 0 7-	022 150.00
10.	OFFICERS AND DI	RECTORS					-
NAME STREET ADDRESS CITY-S1-ZIP	PD MEIER, DAN 2795 GULF TO BAY BLVD. CLEARWATER, FL 34619						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JACOBS, MICHELE 2795 GULF TO BAY BLVD. CLEARWATER, FL 34619						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACOBS, MICHELE 2795 GULF TO BAY BLVD. CLEARWATER, FL 34619				NOT W		_
TITLE	}		1	IN	THIS SI	PACE	

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 at other like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP
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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/04

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