

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90162 023 \*\*\*150.00

20055228



<b>DOCUMENT # P97000108446</b> 1. Entity Name <b>SUPER TAN II INC</b>																											
Principal Place of Business <b>1100 S FEDERAL HWY, STE 4 BOYNTON BEACH, FL 33435</b>		Mailing Address <b>1100 S FEDERAL HWY, STE 4 BOYNTON BEACH, FL 33435</b>																									
2. Principal Place of Business <b>19301 Green Grove Ct</b>		3. Mailing Address <b>19301 Green Grove Ct</b>																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State <b>Loxahatchee, FL</b>		City & State <b>Loxahatchee, FL</b>																									
Zip <b>33470</b>		Zip <b>33470</b>																									
Country 		Country 																									
4. FEI Number <b>65-0818046</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>GOYETTE, SHERRY 1100 S FEDERAL HWY, STE 4 BOYNTON BEACH, FL 33435</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>19301 Green Grove Ct</b> City <b>Loxahatchee</b> <b>FL</b> Zip Code <b>33470</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 rechartering) 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 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D GOYETTE, SHERRY</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">1100 S FEDERAL HWY, STE 4</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2">BOYNTON BEACH, FL 33435</td> </tr> </table>		TITLE	D GOYETTE, SHERRY	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	1100 S FEDERAL HWY, STE 4		CITY - ST - ZIP	BOYNTON BEACH, FL 33435		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2"></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			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.																											
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4/28-105</b> Daytime Phone # <b>361-662-7170</b>																									