

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000035058	
1. Entity Name SPECIAL EFFECTS TANNING, INC.	

Principal Place of Business 8951 BONITA BEACH RD SUITE 550 BONITA SPRINGS, FL 34135	Mailing Address 8951 BONITA BEACH RD SUITE 550 BONITA SPRINGS, FL 34135
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02102004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0828567	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI, FL 33145

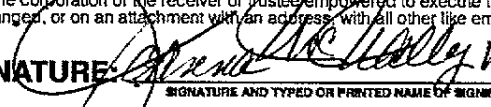
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000075433 03/03/04-80059-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCNALLY, JOHN R 8951 BONITA BEACH RD BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MCNALLY, JOANNA 8951 BONITA BEACH RD BONITA SPRINGS, FL 34135
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TITLE 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)(f), 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 	JOANNA MCNALLY V.P. 3/1/04	239-949-4006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #