

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000053894

FILED
Apr 20, 2004
Secretary of State

Entity Name: BODY TAN, INC.

Current Principal Place of Business:

5566 FORT CAROLINE RD
#20B
JACKSONVILLE, FL 32277 US

New Principal Place of Business:

Current Mailing Address:

5566 FORT CAROLINE RD.
#20B
JACKSONVILLE, FL 32277 US

New Mailing Address:

FEI Number: 59-3517875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KILLINGSWORTH, APRIL J PRES
1409 BELLESHORE CIR.
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KILLINGSWORTH, APRIL J
Address: 1409 BELLESHORE CIR
City-St-Zip: JACKSONVILLE, FL 32218

Title: S () Delete
Name: TAYLOR, AMANDA H
Address: 2742 MC CORMICK WOODS DR
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: APRIL J KILLINGSWORTH

P

04/20/2004

Electronic Signature of Signing Officer or Director

_____ Date