2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000084176

Entity Name: ISLAMORADA SPA AND WELLNESS CENTER, INC.

FILED Apr 29, 2004 Secretary of State

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Current P	rincipal Plac	e of Business:	New Prince	New Principal Place of Business:		
	ERSEAS HW	′				
UNIT #1 ISLAMOR	ADA, FL 3303	6				
Current M	lailing Addre	ss:	New Maili	New Mailing Address:		
	ERSEAS HW	,				
#10180 ISLAMOR	ADA, FL 3303	63067				
FEI Number	: 65-0880923	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and	Address o	f New Registered Agent:	
197 NAUT	Г, DEBRA L TILUS DRIVE ADA, FL 3303	64205		GARRETT, DEBRA L 88005 OVERSEAS HWY #10180		
	,		ISLAMORA	ADA, FL 330	0363067	
	e named entity e of Florida.	submits this statement for the	purpose of changing	ts registered	d office or registered agent, or both,	
SIGNATU	RE:			04/29/2004		
	Electro	nic Signature of Registered Ag	ent		Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().				
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title:	,) Delete	Title:		() Change () Addition	
Name:	GARRETT, DA		Name:			
Address: City-St-Zip:	ISLAMORADA	EAS HWY #10180 FL 33036	Address: City-St-Zip:			
Title:	D () Delete	Title:	V	(X) Change () Addition	
Name:	GAY, KEITH L	, Delete	Name:	GARRETT, [
Address:	# 4 13 ST		Address:	,	RSEAS HWY #10180	
City-St-Zip:	TYBEE ISLAN	D, GA 31328	City-St-Zip:		DA, FL 33036	
Title:	,	() Delete	Title:		() Change () Addition	
Name:	GARRETT, DE		Name:			
Address: City-St-Zip:	88005 OVERS ISLAMORADA	EAS HWY #10180 EL 33036	Address: City-St-Zip:			
Gity-Gt-Δiμ.	IGENIORADA	12 00000	Gity-3t-21p.			
Title:		() Delete	Title:		() Change () Addition	
Name:	GAY, ANN G		Name:			
Address:	# 4 13 ST	O CA 21220	Address:			
City-St-Zip:	TYBEE ISLANI	J, GA 31328	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:	DAVID A. GARRETT	Р	04/29/2004
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