

JUN-29-2005 WED 12:16 PM UNITED COMPANIES

FILED  
Jul 01, 2005 08:00 AM  
2395978568  
Secretary of State

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

|                                                                                       |                                                                                   |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P98000086825</b><br>1. Entity Name<br><b>NAPLES TANNING PALOR, INC.</b> |  |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                     |                                                                         |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business<br><b>1460 GOLDEN GATE PARKWAY<br/>NAPLES, FL 34105</b> | Mailing Address<br><b>1460 GOLDEN GATE PARKWAY<br/>NAPLES, FL 34105</b> |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|



06292005 No Chg-P CR2E034 (10/03)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0896543</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|-----------------------------------------------------------|---------------------------------------|

**DO NOT WRITE IN THIS SPACE**

|                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>ARCHAZKI, MARY<br/>1460 GOLDEN GATE PARKWAY<br/>NAPLES, FL 34105</b> |
|--------------------------------------------------------------------------------------------------------------------------------|

**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 obligation of registered agent.

SIGNATURE \_\_\_\_\_

Signature

(NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                     |                                                                     |
|------------------------------------------------|---------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ARCHAZKI, MARY<br>1460 GOLDEN GATE PARKWAY<br>NAPLES, FL 34105 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     |

**DO NOT WRITE IN THIS SPACE**

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.

6129105