

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90036 043 ***150.00

DOCUMENT # P99000034114

1. Entity Name
BUNDY TANNING, INC.



Principal Place of Business
**4830 W KENNEDY BLVD
STE 335
TAMPA, FL 34609**

Mailing Address
**P.O. BOX 1363
TARPON SPRINGS, FL 34688-1363**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
33609

Country

Zip

Country

01072004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3569350

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLEN, C. STEPHEN ESQ
4830 W KENNEDY BLVD
TAMPA, FL 33609**

Name

Street Address (P.O. Box Number is Not Acceptable)
**4830 W. Kennedy Blvd.
Ste 335**

City
Tampa

FL

Zip Code
33609

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PT
BUNDY, GREG
989 RIVERSIDE RIDGE RD.
TARPON SPRINGS, FL 34689**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VS
BUNDY, MARY
989 RIVERSIDE RIDGE RD.
TARPON SPRINGS, FL 34689**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #