2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# P99000075524

Entity Name: FLORIDA'S BODY COMPANY, INC.

Current Principal Place of Business:

5310 BROADWAY AVE.,P.O. BOX 6954
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

5310 BROADWAY AVE.,P.O. BOX 6954
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 59-3653205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANDAU, FRANCINE CLAIR ESQ.
1501 SAN MARCO BLVD.
JACKSONVILLE, FL 32207 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: D ( ) Delete
Name: MURRAY, JOHN L
Address: 14546 LONGVIEW DR.,SOUTH
City-St-Zip: JACKSONVILLE, FL 32223

Title: ST ( ) Delete
Name: TRIPPE, SANDRA L
Address: 1270 CUNNINGHAM CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP ( ) Delete
Name: MURRAY, BLAKE A
Address: 10626 GENERAL AVENUE
City-St-Zip: JACKSONVILLE, FL 32220

Title: D (X) Delete
Name: LAVIERI, JIM
Address: 6782 118TH AVENUE NORTH
City-St-Zip: LARGO, FL 34643

Title: D (X) Delete
Name: COVELESKE, STAN
Address: 6782 118TH AVENUE NORTH
City-St-Zip: LARGO, FL 34643

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: SANDRA L. TRIPPE ST 04/14/2005

Electronic Signature of Signing Officer or Director — Date