

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90360 024 \*\*\*150.00

**DOCUMENT # P99000075524**

1. Entity Name  
FLORIDA'S BODY COMPANY, INC.



Principal Place of Business  
5310 BROADWAY AVE., P.O. BOX 6954  
JACKSONVILLE, FL 32254

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

90042753



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3653205

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

LANDAU, FRANCINE CLAIR ESQ.  
1501 SAN MARCO BLVD.  
JACKSONVILLE, FL 32207

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME MURRAY, JOHN L  
STREET ADDRESS 14546 LONGVIEW DR., SOUTH  
CITY-ST-ZIP JACKSONVILLE, FL 32223 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST  
NAME TRIPPE, SANDRA L  
STREET ADDRESS 1270 CUNNINGHAM CREEK DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32259 ☐ Delete

TITLE ST  
NAME TRIPPE, SANDRA L. ☒ Change ☐ Addition  
STREET ADDRESS 14892 BULOW CREEK DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE VP  
NAME MURRAY, BLAKE A  
STREET ADDRESS 10626 GENERAL AVENUE  
CITY-ST-ZIP JACKSONVILLE, FL 32220 ☐ Delete

TITLE V  
NAME MURRAY, BLAKE A ☒ Change ☐ Addition  
STREET ADDRESS 1239 PRESTON PLACE  
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

3-29-06 9043895541