

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90047 033 ***150.00

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|--|--|---|---|---|--|
| DOCUMENT # S57627 1. Entity Name FLORIDA TANNING, INCORPORATED | | | | | |
| Principal Place of Business 9645 E COLONIAL DR 105 AND 106 ORLANDO, FL 32817 US | | | Mailing Address 2828 BALLARD AVENUE ORLANDO, FL 32833 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address 9247 ALLWOOD PLACE Suite, Apt. #, etc. | | | |
| City & State | | City & State ORLANDO, FL | | 4. FEI Number 59-3075372 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 32825 | | Country USA | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent REVELS, CHRISTINE A. 2828 BALLARD AVENUE ORLANDO, FL 32833 | | | 7. Name and Address of New Registered Agent Name HORNER, JACKIE D. Street Address (P.O. Box Number is Not Acceptable) 9247 ALLWOOD PLACE City ORLANDO, FL Zip Code 32825 | | |
| 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 JACKIE D. HORNER - DP Jackie D. Horner DATE 7-14-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVST REVELS, MARK A. 2828 BALLARD AVENUE ORLANDO, FL 32833 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP HORNER, JACKIE D. 9247 ALLWOOD PLACE ORLANDO, FL 32825 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP REVELS, CHRISTINE A. 2828 BALLARD AVENUE ORLANDO, FL 32833 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVST HORNER, THOMAS A. 9247 ALLWOOD PLACE ORLANDO, FL 32825 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: JACKIE D. HORNER - DP Jackie D. Horner DATE 7-14-07 DAYTIME PHONE # 407-247-2535 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |