

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000151338

FILED  
Feb 13, 2004  
Secretary of State

**Entity Name:** PROFESSIONAL MASSAGE & HEALTHY ALTERNATIVES, INC.

**Current Principal Place of Business:**

1820 SE PORT SAINT LUCIE BOULEVARD  
PORT SAINT LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

1820 SE PORT SAINT LUCIE BOULEVARD  
PORT SAINT LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 20-0486878

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRISE, DEBORAH  
1645 SE BALLANTRAE BLVD. N  
PORT ST. LUCIE, FL 34952 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: P ( ) Delete  
Name: GRISE, DAVID M  
Address: 1645 SE BALLANTRAE BLVD. N  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VP ( ) Delete  
Name: GRISE, DEBORAH  
Address: 1645 SE BALLANTRAE BLVD. N  
City-St-Zip: PORT ST. LUCIE, FL 34952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:** DAVID M. GRISE

PRES

02/13/2004

Electronic Signature of Signing Officer or Director

Date