

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000033816

**Entity Name:** AT HOME MASSAGE THERAPY, INC.

**Current Principal Place of Business:**

903 LAKE SHORE DRIVE  
APT. 313  
LAKE PARK, FL 33403

**FILED**  
**Apr 16, 2015**  
**Secretary of State**  
**CC5568527253**

**Current Mailing Address:**

903 LAKE SHORE DRIVE  
APT. 313  
LAKE PARK, FL 33403 US

**FEI Number: 01-0776383**

**Certificate of Status Desired: No**

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

SHIRK, MARY  
903 LAKE SHORE DRIVE  
APT. 313  
PALM SPRINGS, FL 33403 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            SHIRK, MARY E  
Address        903 LAKE SHORE DRIVE APT. 313  
City-State-Zip: LAKE PARK FL 33403

Title            VP  
Name            SHIRK, RON S  
Address        903 LAKE SHORE DRIVE APT. 313  
City-State-Zip: LAKE PARK FL 33403

*I hereby 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 all other like empowered.*

**SIGNATURE: MARY SHIRK**

**PRESIDENT**

**04/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date