

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000149071

**Entity Name:** TREVOR LEVENS MASSAGE THERAPY, INC.

**Current Principal Place of Business:**

3680 POTOMAC PL  
BOYNTON BEACH, FL 33436

**Current Mailing Address:**

3680 POTOMAC PL  
BOYNTON BEACH, FL 33436

**FEI Number:** 20-1818574

**Certificate of Status Desired:** No

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

LEVENS, TREVOR MPRES.  
3680 POTOMAC PL.  
BOYNTON BEACH, FL 33436 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 P  
Name LEVENS, TREVOR MPRES.  
Address 3680 POTOMAC PL  
City-State-Zip: BOYNTON BEACH FL 33436

*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:** TREVOR M LEVENS

**PRESIDENT**

**04/12/2014**

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

\_\_\_\_\_  
Date