

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90046 043 ***150.00

DOCUMENT # F01509 1. Entity Name ATLANTIC MASSAGE, INC.			
Principal Place of Business C/O KENNETH B CRENSHAW, P.A 3175 S. CONGRESS AVENUE, SUITE 301 PALM SPRINGS, FL 33461		Mailing Address C/O KENNETH B CRENSHAW, P.A 3175 S. CONGRESS AVENUE, SUITE 301 PALM SPRINGS, FL 33461	
2. Principal Place of Business 1555 PALM BEACH LAKES BLVD Suite, Apt. #, etc. 920		3. Mailing Address 1555 PALM BEACH LAKES BLVD Suite, Apt. #, etc. 920	
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL	
Zip 33401	Country	Zip 33401	Country
4. FEI Number 59-2054560		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRENSHAW, KENNETH B. 3175 SOUTH CONGRESS AVENUE SUITE 301 PALM SPRINGS, FL 33461		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1555 PALM BEACH LAKES BLVD SUITE 920 City WEST PALM BEACH FL Zip Code 33401	
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 <u><i>Kenneth B. Crenshaw</i></u> 2-9-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete CRENSHAW, DIANNE 3175 S CONGRESS AVE #301 PALM SPRINGS, FL	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	1555 PALM BEACH LAKES BLVD, #920 WEST PALM BEACH, FL 33401
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	KENNETH B. CRENSHAW 1555 P. B. LAKES BLVD, STE 920 WEST PALM BEACH, FL 33401
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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 <u><i>Kenneth B. Crenshaw</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-9-06 561-439-6100 <small>Date Daytime Phone #</small>	