2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004
Secretary of State

DOCUMENT# F02000003766

Entity Name: PENSACOLA SCHOOL OF MASSAGE THERAPY & HEALTH CAREERS, INC.

Current Principal Place of Business:

7380 EXCHANGE PLACE
BATON ROUGE, LA 70806

New Principal Place of Business:

Current Mailing Address:

7380 EXCHANGE PLACE
BATON ROUGE, LA 70806

New Mailing Address:

FEI Number: 68-0510657 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WAGLEY, RANDALL
1730 CREIGHTON ROAD
PENSACOLA, FL 32504 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: CLARK, BILLY L
Address: 7380 EXCHANGE PLACE
City-St-Zip: BATON ROUGE, LA 70806

Title: VCST ( ) Delete
Name: WAGLEY, RANDALL
Address: 1730 CREIGHTON ROAD
City-St-Zip: PENSACOLA, FL 32504

Title: DV ( ) Delete
Name: CLARK, DAVID W
Address: 7380 EXCHANGE PLACE
City-St-Zip: BATON ROUGE, LA 70806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: BILLY L. CLARK MR. 07/06/2004

Electronic Signature of Signing Officer or Director Date