

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003766

FILED  
Apr 27, 2005  
Secretary of State

**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:**

2409 CREIGHTON ROAD  
PENSACOLA, FL 32504

**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:**

WAGLEY, RANDALL  
2409 CREIGHTON ROAD  
PENSACOLA, FL 32504      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: RANDALL C. WAGLEY

04/27/2005

Electronic Signature of Registered Agent

Date

**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: VCST (X) Change ( ) Addition  
Name: WAGLEY, RANDALL  
Address: 2409 CREIGHTON ROAD  
City-St-Zip: PENSACOLA, FL 32504

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

CP

04/27/2005

Electronic Signature of Signing Officer or Director

Date