

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000023494

1. Entity Name
BACK IN SHAPE MASSAGE THERAPY, INC.



Principal Place of Business
**653 FAIRWIND DR.
N. PALM BCH, FL 33408**

Mailing Address
**653 FAIRWIND DR.
N. PALM BCH, FL 33408**



05172005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0995328

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KONIDARE, JAMIE L
653 FAIRWIND DR.
N. PALM BCH, FL 33408**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

000000367761
05/20/05-80004-009 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KONIDARE, JAMIE L
653 FAIRWIND DR.
N. PALM BCH, FL 33408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
KONIDARE, VINCENT M
653 FAIRWIND DR.
N. PALM BCH, FL 33408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMIE KONIDARE **5-17-05** **561-844-6777**