


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000034979</b>	
1. Entity Name <b>HOLIDAY ISLE MASSAGE THERAPY, INC.</b>	

Principal Place of Business <b>115 GULF WINDS CT #3 DESTIN, FL 32541</b>	Mailing Address <b>115 GULF WINDS CT #3 DESTIN, FL 32541</b>
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DO NOT WRITE IN THIS SPACE



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3649152</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>TAYLOR, THOMAS A 115 GULF WINDS CT #3 DESTIN, FL 32541</b>	
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000305562</b> <b>04/14/05-80088-021 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, THOMAS A 115 GULF WINDS CT #3 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, JANET C 115 GULF WINDS CT #3 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, KASYA N 115 GULF WINDS CT #3 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> 	<b>Thomas A. Taylor, Pres. 4-11-05</b>	<b>850 217-4325</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #