

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000060040

FILED
Apr 29, 2004
Secretary of State

Entity Name: NORTH FLORIDA INSTITUTE OF MASSAGE THERAPY, INC.

Current Principal Place of Business:

905 ST. JOHNS AVE.
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

PO BOX 4497
SAINT AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 59-3676126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALER, RICHARD L JR
864 WHITE EAGLE CIRCLE
SAINT AUGUSTINE, FL 32086 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MONAHAN, MARTIN M
Address: 141 JUPITER ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARTIN M MONAHAN

DP

04/29/2004

Electronic Signature of Signing Officer or Director

Date