

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90026 033 ***150.00

DOCUMENT # P00000095330

1. Entity Name
THE THERAPY RECIPE, INC.



Principal Place of Business
**5588 AVELLINO PL
SARASOTA, FL 34238**

Mailing Address
**5588 AVELLINO PL
SARASOTA, FL 34238**



2. Principal Place of Business

7770 Uliva Way
Suite, Apt. #, etc.

3. Mailing Address

7770 Uliva Way
Suite, Apt. #, etc.

03042005

Chg-P

CR2E034 (10/03)

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number

65-1049504

Applied For

Not Applicable

Zip

34238

Country

USA

Zip

34238

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MEDEIROS, CHRISTINE
2217 SUNNYSIDE LANE
SARASOTA, FL 34239**

7. Name and Address of New Registered Agent

Name **Christine Mucklow**

Street Address (P.O. Box Number is Not Acceptable)

7770 Uliva Way

City **Sarasota**

FL

Zip Code

34238

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]

Christine Mucklow

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MEDEIROS, CHRISTINE**
STREET ADDRESS **2217 SUNNYSIDE LANE**
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE **D** ☒ Delete
NAME **COOKE, THOMAS L**
STREET ADDRESS **5588 AVELLINO PLACE**
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Christine Mucklow**
STREET ADDRESS **7770 Uliva Way**
CITY-ST-ZIP **Sarasota, FL 34238**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]

Christine Mucklow

4/3/05

941-400-8918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #