

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90040 030 ***150.00

DOCUMENT # P00000098788

1. Entity Name

ATLANTIC THERAPEUTIC MASSAGE, INC.



Principal Place of Business

14185 BEACH BLVD., STE 8
JACKSONVILLE FL 32250

Mailing Address

14185 BEACH BLVD., STE 8
JACKSONVILLE FL 32250

2. Principal Place of Business

13400 Suttan Park Dr. S.
Suite, Apt. #, etc. #1101

3. Mailing Address

12357 Burgess Hill Dr
Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32224

Country

USA

Zip

32246

Country

USA

4. FEI Number

59-3686569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LINDSEY, HILARY
12357 BURGESS HILL DR
JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

Hilary Lindsey
(NOTE: Registered Agent signature required when reinstating)

3/10/04
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004. Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	LINDSEY, HILARY	
STREET ADDRESS	12357 BURGESS HILL DR	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	V	<input type="checkbox"/> Delete
NAME	LINDSEY, MARK	
STREET ADDRESS	12357 BURGESS HILL DR	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Hilary Lindsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/10/04
Date

Daytime Phone #

(904) 9456118
Daytime Phone #