

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000102108

FILED
Apr 21, 2011
Secretary of State

Entity Name: HARPER MASSAGE THERAPY CLINIC, INC.

Current Principal Place of Business:

123 W. MAIN ST
SUITE 4
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

123 W. MAIN ST
SUITE 4
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-3681134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARPER, KEVIN
123 W. MAIN ST
SUITE 4
LEESBURG, FL 34748 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

OFFICERS AND DIRECTORS:

Title: PO
Name: HARPER, KEVIN I
Address: 123 W. MAIN ST SUITE 4
City-St-Zip: LEESBURG, FL 34748

I hereby 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 all other like empowered.

SIGNATURE: KEVIN L HARPER

PO

04/21/2011

Electronic Signature of Signing Officer or Director

Date