

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000113689

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** INTERNATIONAL SCHOOL FOR COLON HYDROTHERAPY, INC.

**Current Principal Place of Business:**

13878 OLEANDER AVE  
JUNO BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

13878 OLEANDER AVE  
JUNO BEACH, FL 33408

**New Mailing Address:**

**FEI Number:** 65-1066093

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHEA, CATHY  
13878 OLEANDER AVE  
JUNO BEACH, FL 33408 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: PSD  
Name: SHEA, CATHY  
Address: 13878 OLEANDER AVE  
City-St-Zip: JUNO BEACH, FL 33408

Title: VTD  
Name: SHEA, MICHAEL  
Address: 13878 OLEANDER AVE  
City-St-Zip: JUNO BEACH, FL 33408

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: CATHY SHEA

PSD

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date