


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000027330</b>	
<b>1. Entity Name</b> PERSEPHONE HEALING ARTS CENTER, P.A.	

<b>Principal Place of Business</b> 485 6TH AVE NORTH JACKSONVILLE BEACH FL 32250	<b>Mailing Address</b> PO BOX 51210 JACKSONVILLE BEACH FL 32240
--	---

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

<b>4. FEI Number</b> 59-3719449		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
SCHAEFFER-PAUTZ, ANDREA M.D. 485 6TH AVENUE NORTH JACKSONVILLE BEACH FL 32250		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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** **\$5.00 May Be**  
Trust Fund Contribution. ☐ **Added to Fees**

<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete		<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	SCHAEFFER-PAUTZ, ANDREA			<b>NAME</b>			
<b>STREET ADDRESS</b>	485 6TH AVE NORTH			<b>STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>	JACKSONVILLE BEACH FL 32250			<b>CITY - ST - ZIP</b>			
<b>TITLE</b>		<input type="checkbox"/> Delete		<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>				<b>NAME</b>			
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>				<b>CITY - ST - ZIP</b>			
<b>TITLE</b>		<input type="checkbox"/> Delete		<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>				<b>NAME</b>			
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>				<b>CITY - ST - ZIP</b>			
<b>TITLE</b>		<input type="checkbox"/> Delete		<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>				<b>NAME</b>			
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>				<b>CITY - ST - ZIP</b>			
<b>TITLE</b>		<input type="checkbox"/> Delete		<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>				<b>NAME</b>			
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>				<b>CITY - ST - ZIP</b>			

**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:**  **2-19-05 (904) 246-3583**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #