

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90018 045 ***150.00

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1. Entity Name
HARMONY MASSAGE & BODYWORK, INC.



Principal Place of Business
**13830 62 CT N
W PALM BEACH, FL 33412**

Mailing Address
**13830 62 CT N
W PALM BEACH, FL 33412**

2. Principal Place of Business - No P.O. Box #
6561 WILSON RD

3. Mailing Address
6561 WILSON RD

Suite, Apt. #, etc.

City & State
WEST PALM BEACH FL

City & State
WEST PALM BEACH FL

Zip
33413

Country



04142007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**DANNEELS, KRISTEN
13830 62 CT N
W PALM BEACH, FL 33412**

4. FEI Number
65-1102604

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
KRISTEN D MERKLE

Street Address (P.O. Box Number is Not Acceptable)
6561 WILSON RD

City
WEST PALM BEACH FL

Zip Code
33413

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 *Kristen D Merkle* **KRISTEN D MERKLE** **4/14/2007**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANNEELS, KRISTEN 13830 62 CT N W PALM BEACH, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRISTEN D. MERKLE 6561 WILSON RD WEST PALM BEACH FL 33413 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Kristen D Merkle* **KRISTEN D MERKLE** **4/14/2007** **561-906-1334**

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