

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 21, 2007 8:00 am**  
**Secretary of State**

06-21-2007 90022 020 \*\*\*150.00

**DOCUMENT # P01000048358**

1. Entity Name  
H.H.M.T., INC.



Principal Place of Business  
C/O APICERNO CHIROPRACTIC  
7116 S. MILITARY TRAIL  
LAKE WORTH, FL 33463

Mailing Address  
HEALING HANDS MASSAGE THERAPY, INC  
7116 S. MILITARY TRAIL  
LAKE WORTH, FL 33463

40121278



2. Principal Place of Business - No P.O. Box #  
7116 S. MILITARY TRAIL  
Suite, Apt. #, etc.  
LAKE WORTH FL

3. Mailing Address  
4040 ARTHURIUM AVE  
Suite, Apt. #, etc.  
LAKE WORTH FL

06072007 Chg-P CR2E034 (12/06)

City & State  
FL

City & State  
FL

4. FEI Number  
65-1124999

Applied For  
Not Applicable

Zip  
33463

Country  
Palm Bch

Zip  
33462

Country  
Palm Bch

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

## 6. Name and Address of Current Registered Agent

NELSON, JEAN MICHELE  
4040 ARTHURIUM AVE.  
LAKE WORTH, FL 33462

## 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

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**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
NELSON, JEAN M  
4040 ARTHURIUM AVE.  
LAKE WORTH, FL 33462 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY - ST - ZIP  
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CITY - ST - ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/07

Daytime Phone #