

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 8:00 am
Secretary of State

01-20-2005 90019 009 ***150.00

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1. Entity Name
ISABELLA MASSAGE RETREAT, PA



Principal Place of Business
**10584-13 OLD ST. AUGUSTINE RD.
JACKSONVILLE, FL 32257**

Mailing Address
**10584-13 OLD ST. AUGUSTINE RD.
JACKSONVILLE, FL 32257**

66002979



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3650405** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ICKES, IMA J
10584-13 OLD ST. AUGUSTINE RD.
JACKSONVILLE, FL 32257**

**DO NOT WRITE
IN THIS SPACE**

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 *Ima Jean Ickes* **1-14-05**
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!! FEE IS \$180.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **ICKES, IMA J**
STREET ADDRESS **5562 GREENLAND RD**
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ima Jean Ickes* **2-19-05 880-5005**
Signature AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #