

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000060634

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: ISABELLA MASSAGE RETREAT, PA

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-3650405

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ICKES, IMA J  
Address: 5562 GREENLAND RD  
City-St-Zip: JACKSONVILLE, FL 32258

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: IMA ICKES

OWNE

04/24/2009

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

\_\_\_\_\_  
Date