


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

08-04-2004 90020 003 ***150.00

DOCUMENT # P01000089145	
1. Entity Name ABSOLUTE HEALTH THERAPEUTIC MASSAGE, INC.	

Principal Place of Business 1250 N TAMiami TRAIL #208 NAPLES, FL 34102	Mailing Address 1250 N TAMiami TRAIL #208 NAPLES, FL 34102
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DO NOT WRITE IN THIS SPACE

07222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3729444	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent QUINN, JEFFREY.C ESQUIRE 307 AIRPORT RD N NAPLES, FL 34101
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HANSEN, ANTHONY 4271 PEARL HARBOR DR NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HANSEN, PATRICIA J 4271 PEARL HARBOR DR NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HANSEN, SASCHA L 4271 PEARL HARBOR DR NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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)(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:  **7/29/04 239/261-8033**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Attachment
POI 600089145

July 22, 2004

Absolute Health Therapeutic Massage, Inc.
1250 N Tamiami Trail #208
Naples, FL 34102


Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Re: 2004 Annual Report

To Whom It May Concern:

Enclosed is our check for \$150.00. We respectfully request that you accept our check and not charge us a late filing fee for sending this form in after May 1, 2004. Reasons beyond our control caused us to file late this year. Our previous secretary left the company and we subsequently hired a new employee at the beginning of 2004 who was not aware that this report had to be filed in a timely manner.

Very Truly Yours,


Anthony Hansen



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August 26, 2004

Florida Department of State
Division of Corporations
c/o Mr. Sean Toner
P.O. Box 1500
Tallahassee, Florida 32301-1500

Re: Absolute Health Therapeutic Massage, Inc.
Letter No.: 504A00049621
Ref. No.: PO1000089145

Dear Mr. Toner,

Enclosed you will find a copy of our annual report, due to the matter that in receipt of your letter I did not receive the return of my check nor the original copy of the annual report.

We received your last letter dated August 10, 2004 informing us that you had not processed our annual report. Apparently my last letter to your division was not clear. As I explained in my first letter that the reason that the annual report was not filed was due to **reason beyond my control**. I also explained about my personnel change, which I understand that is no reason not to file for the report. Although the reason that we did not file the report was due to the fact that we never received from the Division of Corporations the renewal of the annual report. However, we did receive the 2nd notice of renewal that is when it was brought to our attention of this unfortunate mistake. Myself and my staff will make sure that if we do not receive information from the state to inquire as to where to get the necessary forms so that we file in a timely and maintain a good standing with your department.

At this time I am requesting that you wave the fee. I can assure you that this will not happen again! We are a small business and it is very hard to earn \$500 dollars this day in age. I do apologize for any inconvenience that this may have caused you all.

1250 North Tamiami Trail Suite 208, Naples Florida 34102
Tel (239) 261-8033 Fax (239) 261-6432

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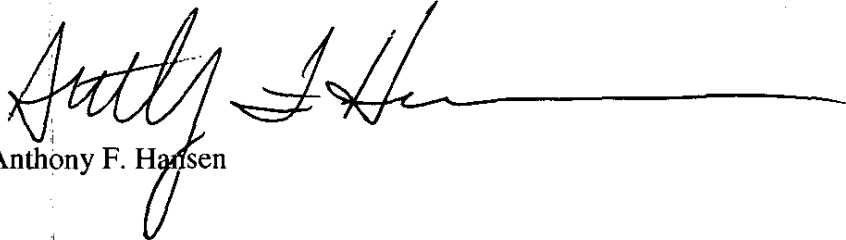
Attachment
#PO/000089145

Let me also take this time to thank you for the attention given to our corporation. Again please process our annual report and accept our deepest apologies.

If you should need further assistance in this matter please feel free to contact my CPA firm. Their name and address is as follows:

Parish Bass Urish Popeck, LLC
1020 8th Avenue South
Naples, Florida 34102
Tel (239) 262-8444

Very Truly Yours,



Anthony F. Hansen