2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# P01000118553

Entity Name: CLERMONT MASSAGE THERAPY CENTER, INC.

Current Principal Place of Business:

1705 EAST HWY. 50, STE B
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

1705 EAST HWY. 50, STE B
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 63-0386590 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CANAN, MICHAEL J
301 E PINE STREET SUITE 1400
ORLANDO, FL 32801

Name and Address of New Registered Agent:

SORCHY, JULIANE M
17805 BONNIEVISTA CT
WINTER GARDEN, FL 34787 US

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: JULIANE SORCHY 04/26/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SORCHY, PAUL C
Address: 1705 EAST HWY. 50, STE B
City-St-Zip: CLERMONT, FL 34711

Title: DV ( ) Delete
Name: SORCHY, PAUL C II
Address: 1705 EAST HWY. 50, STE B
City-St-Zip: CLERMONT, FL 34711

Title: ST ( ) Delete
Name: SORCHY, JULIANE
Address: 1705 EAST HWY. 50, STE B
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JULIANE SORCHY ST 04/26/2004
Electronic Signature of Signing Officer or Director Date