


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000039784		
1. Entity Name MY THAI MASSAGE INC.		

Principal Place of Business 1809 E. COLONIAL DR. SUITE #2 ORLANDO, FL 32803	Mailing Address 14732 TULLY WOODS CT. ORLANDO, FL 32826
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01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4231194	Applied For 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 WATCH, VIPAPORN 14732 TULLY WOODS CT. ORLANDO, FL 32826	
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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 file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATCH, VIPAPORN 14732 TULLY WOODS CT. ORLANDO, FL 32826
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03/28/05-80066-007 150.00

**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)(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: VIPAPORN WATCH 4/10/05 407-896-1868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #