


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000054198 1. Entity Name SEASIDE MESSAGE THERAPY CENTER, INC.	
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Principal Place of Business 4615 GULF BLVD STE 216 ST PETE BECH, FL 33706	Mailing Address 4615 GULF BLVD STE 216 ST PETE BECH, FL 33706
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DO NOT WRITE IN THIS SPACE

01282004 No Chg-P CR2E034 (10/03)

4. FEI Number 75-3054157	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEPPANEN, JUDITH
4615 GULF BLVD STE 216
ST PETE BCH, FL 33706

**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: Judith Leppanen 1/31/04
Signature, word or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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	D LEPPANEN, JUDITH 4615 GULF BLVD STE 216 ST PETE BECH, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELCH, MICHAEL 4615 GULF BLVD STE 216 ST PETE BECH, FL 33706
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02/05/04-80026-008 150.00

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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: Judith Leppanen 1/31/04 727-363-8333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #