


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90043 019 ***150.00

DOCUMENT # P02000061107 1. Entity Name ART OF TOUCH THERAPEUTIC MASSAGE, INC.					
Principal Place of Business 728 W CANAL ST NEW SMYRNA BCH, FL 32168-6903			Mailing Address 728 W CANAL ST NEW SMYRNA BCH, FL 32168-6903		
2. Principal Place of Business 113 So. Orange St Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State New Smyrna Beach, FL Zip 32168		City & State New Smyrna Beach, FL Zip 32168		Country Volusia	
4. FEI Number 01-0720313				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LYBRAND, CYNTHIA M 728 W CANAL ST NEW SMYRNA BCH, FL 32168-6903			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) 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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME WEAVER, LYLE R STREET ADDRESS 721 DOWNING ST CITY-ST-ZIP NEW SMYRNA BCH, FL 32168	<input checked="" type="checkbox"/> Delete		TITLE PS/D NAME Lybrand Cynthia M STREET ADDRESS 728 W. Canal St CITY-ST-ZIP New Smyrna Beach, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE T D NAME Herma Newman-Medders STREET ADDRESS 3670 Strawberry Lane CITY-ST-ZIP New Smyrna Beach, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>C. M. Lybrand</u> C. M. LYBRAND <u>1/7/03</u> (386) 428-2315 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					