


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90158 046 \*\*\*150.00

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # P02000075336</b><br>1. Entity Name<br><b>THERAPY THROUGH MASSAGE, INC.</b>  |  |  |  |    |  |
| Principal Place of Business<br><b>470 LAWRENCE BLVD STE 4<br/>KEYSTONE HEIGHTS, FL 32656</b>  |  |  | Mailing Address<br><b>470 LAWRENCE BLVD STE 4<br/>KEYSTONE HEIGHTS, FL 32656</b>   |   |  |
| 2. Principal Place of Business<br><b>7381 SR 21 N.</b><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>P.O. Box 2043</b><br>Suite, Apt. #, etc.  |  |   |  |
| City & State<br><b>KEYSTONE HEIGHTS FL</b><br>Zip Country<br><b>32656 CLAY</b>  |  | City & State<br><b>KEYSTONE HEIGHTS FL</b><br>Zip Country<br><b>32656 CLAY</b>                               |  | 4. FEI Number<br><b>20-0000058</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div> |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |  |  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BUTTRY, LAURIE<br/>7381 N. SR 21<br/>KEYSTONE HEIGHTS, FL 32656</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____   |  |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D BUTTRY, LAURIE<br/>7381 N. SR 21<br/>KEYSTONE HEIGHTS, FL 32656</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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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: <i>Laurie Buttry</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  | 4/11/05 352473-1118<br><small>Date Daytime Phone #</small>   |   |  |