


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90324 037 ***150.00

DOCUMENT # P02000098202					
1. Entity Name ISLAND SANCTUARY MASSAGE THERAPY, INC.					
Principal Place of Business 2085 A1A S UNIT 304 ST AUGUSTINE, FL 32080			Mailing Address 2085 A1A S UNIT 304 ST AUGUSTINE, FL 32080		
2. Principal Place of Business		3. Mailing Address 616 Wild Bird Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State St. Augustine, FL		4. FEI Number 76-0712399	
Zip		Country 32080 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'CONNELL, W. HENRY 2200 N PONCE DE LEON BLVD STE 10 ST AUGUSTINE, FL 32084			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 <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME WITKOWSKI, ANTHONY		<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2085 A1A S UNIT 304	CITY - ST - ZIP SAINT AUGUSTINE, FL 32080			NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	NAME ROBERTS, LYNDIA		<input type="checkbox"/> Delete	STREET ADDRESS 616 Wild Bird Lane	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2085 A1A S UNIT 304	CITY - ST - ZIP SAINT AUGUSTINE, FL 32080			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME		<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME		<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME		<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP			NAME	<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>Lyndia Roberts</u>				4/28/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	