


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90072 036 \*\*\*150.00

<b>DOCUMENT # P02000098202</b>	
1. Entity Name <b>ISLAND SANCTUARY MASSAGE THERAPY, INC.</b>	

Principal Place of Business <b>2085 A1A S UNIT 304 ST AUGUSTINE, FL 32080</b>	Mailing Address <b>616 WILD BIRD LANE SAINT AUGUSTINE, FL 32080</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>20210 HARBOUR VISTA CIRCLE</b> Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



03282005 Chg-P CR2E034 (10/03)

4. FEI Number <b>76-0712399</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>O'CONNELL, W. HENRY 2200 N PONCE DE LEON BLVD STE 10 ST AUGUSTINE, FL 32084</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PV ROBERTS, LYNDIA 616 WILD BIRD LANE SAINT AUGUSTINE, FL 32080</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PV ROBERTS, LYNDIA 20210 HARBOUR VISTA CIRCLE ST. AUGUSTINE, FL 32080.</b> <input checked="" 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
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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:** Lyndia Roberts **4/5/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #