

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000102789

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** THYME & HEART MASSAGE, INC

**Current Principal Place of Business:**

2700 PINE RIDGE RD  
NAPLES, FL 34109 US

**New Principal Place of Business:**

4861 HICKORY WOOD LANE  
NAPLES, FL 34119 US

**Current Mailing Address:**

2700 PINE RIDGE RD  
NAPLES, FL 34109 US

**New Mailing Address:**

4861 HICKORY WOOD LANE  
NAPLES, FL 34119 US

**FEI Number:** 59-3595268

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MACE, MICHELLE D  
2700 PINE RIDGE RD  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

MACE, MICHELLE D  
4861 HICKORY WOOD LANE  
NAPLES, FL 34119 US

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.

SIGNATURE: MICHELLE MACE

04/29/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MACE, MICHELLE D  
Address: 2700 PINE RIDGE RD  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE MACE

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date