# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 23, 2004 8:00 am**
**Secretary of State**
02-23-2004 90054 009 ***150.00

DOCUMENT # P03000037958

1. Entity Name

HEALING SPIRIT THERAPEUTIC MASSAGE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4016 ORIOLE AVENUE<br>PONCE INLET FL 32127 | 4016 ORIOLE AVENUE<br>PONCE INLET FL 32127 |

MOORE CR2E034 (11/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 790 Dunlawton ave. | 790 Dunlawton ave |
| Suite, Apt. #, etc. Ste J | Suite, Apt. #, etc. Ste J |
| City & State Port Orange FL | City & State Port orange FL |
| Zip 32127 Country USA | Zip 32127 Country USA |

4. FEI Number 58-2668432 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| LOPEZ, DAWN N<br>4016 ORIOLE AVENUE<br>PONCE INLET FL 32127 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Dawn M. Lopez 2/4/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Dawn Lopez<br>4016 Oriole ave<br>Ponce Inlet, FL 32127 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V.P.<br>Janice Seiferth<br>4750 Halifax dr.<br>Port Orange, FL 32127 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>Dawn Lopez | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | treasurer<br>Jn Seiferth | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ 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:** Dawn Lopez Dawn Lopez 2/4/04 386 763 0223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #