


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P03000038215	
1. Entity Name MOTION THERAPY INC.	

Principal Place of Business 4300-52 AVE SOUTH ST PETERSBURG, FL 33711	Mailing Address 4300-52 AVE SOUTH ST PETERSBURG, FL 33711
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**DO NOT WRITE IN THIS SPACE**



04082007 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3096796	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, JAMIE III  
4300-52 AVE SOUTH  
ST PETERSBURG, FL 33711

**DO NOT WRITE IN THIS SPACE**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, JAMIE 4300-52 AVE SOUTH ST PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, WANDA 3820 WHITING SE ST PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, ALICE 1263 MELROSE AVE SOUTH ST PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000700519  
04/20/07-80020-015 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*(Signature) James Wilson* 4/1/07 (727) 488-8944 or (727) 867-1944