## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # P03000062496  1. Entity Name J & P THERAPEUTIC MASSAGE INC.					05-03-2004 90665 039 ***150.00				
Principal Plac	e of Business	Mailing Address	٠ا		1				
462 LANCERS DRIVE		462 LANCERS DRIVE			% a M				
WINTER SPRINGS, FL 32708		WINTER SPRINGS, FL 32708		94078468					
						 1169 UTII WIIN WIND		IU 81 <b>21</b> 8 IBNS 21	10 <b>4</b> 1 (1 1 <b>7</b> 2)
2 Principal P	lace of Business	3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		03102004	Chg-P	CB2F0	34 (10/03)		
City & State	e	City & State			4. FEI Number	0648195	5-	<del></del>	plied For t Applicable
Zip	Country	Zip ·	Count	trv				\$8.75 Add	
,	,	_,		,	5. Certificate o	f Status Desired		Fee Require	
ν	6. Name and Address of Currer	nt Registered Agent			7. Name and A	ddress of New Re	gistered A	\gent	
		حيد دميد . سيسم		Name					
GORZON, JESENIA  462 LANCERS DRIVE WINTER SPRINGS, FL 32708				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Cod	e
8. The above	named entity submits this statement	for the purpose of changing its	registere	ed office or register	red agent, or both	in the State of Flor		amiliar with	and accept
	ions of registered agent.	ter and per person and and are			<b>-g-</b> ,	,		,	
CICNIATURE									
SIGNATURE.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTI	E. Registered	d Agent signature required	when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Campai Trust Fund Cont		ncing \$5	.00 May Be led to Fees	-			
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTOR:	
TITLE	PS			1					S IN 11
NAME	GORZON, JESENIA	Delete	TITLE	l l				☐ Change	Addition
CERCET ADORECC		☐ Delete	NAM	E				☐ Change	
STREET ADDRESS	462 LANCERS DRIVE		NAMI STRE	E ET ADDRESS				☐ Change	
CITY-ST-ZIP	462 LANCERS DRIVE WINTER SPRINGS, FL 32708		NAMI STRE CITY	E ET ADDRESS -ST-ZIP					Addition
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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 AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #