

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90361 010 ***158.75

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DOCUMENT # P03000097102 1. Entity Name SARA R. ARMSTRONG, L.M.T., P.A.																															
Principal Place of Business 3230 BRENTWOOD LANE MELBOURNE, FL 32934		Mailing Address 3230 BRENTWOOD LANE MELBOURNE, FL 32934																													
2. Principal Place of Business 2210 S. FRONT STREET Suite, Apt. #, etc. SUITE 204 City & State MELBOURNE FL Zip 32901		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																													
4. FEI Number 20-0212161		Applied For Not Applicable																													
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent BOUVIER, PAUL A 3210 N. WICKHAM ROAD 5 MELBOURNE, FL 32935		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 <u>Sara R. Armstrong</u> DATE <u>4/14/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P ARMSTRONG, SARA R. <input type="checkbox"/> Delete 3230 BRENTWOOD LANE MELBOURNE, FL 32934 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARMSTRONG, SARA R. <input type="checkbox"/> Delete 3230 BRENTWOOD LANE MELBOURNE, FL 32934													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		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: <u>Sara R. Armstrong</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/14/05</u> (321) 693-7813 <small>Date Daytime Phone #</small>																													