2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 19, 2007 8:00 am
Secretary of State
07-05-2007 90061 030 ***150.00

DOCUMENT # P03000097102

1. Entity Name
SARA R. ARMSTRONG, L.M.T., P.A.

66020485

Principal Place of Business	Mailing Address
400 BARTON BLVD. SUITE 201 ROCKLEDGE FL 32955	3230 BRENTWOOD LANE MELBOURNE FL 32934

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
SAME AS MAILING ADDRESS	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

2nd MOORE CR2E034 (4/07)

4. FEI Number 20-0212161 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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: SHERRI LOMBARD
Street Address (P.O. Box Number is Not Acceptable): 8085 SPYGLASS HILL RD
City: VIERA FL Zip Code: 32940

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: Sherri Lombard 7/17/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☒

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	ARMSTRONG, SARA R.	
STREET ADDRESS	3230 BRENTWOOD LANE	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Sara R. Armstrong L.M.T. P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #