

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90026 029 ***150.00

DOCUMENT # P03000108691 1. Entity Name WINDSONG MASSAGE, INC.			
Principal Place of Business 26 HICKORY LN SAFETY HARBOR, FL 34695 US		Mailing Address 26 HICKORY LN SAFETY HARBOR, FL 34695 US	
2. Principal Place of Business 7183 East Shady Nook Ct Suite, Apt. #, etc.		3. Mailing Address 7183 East Shady Nook Ct Suite, Apt. #, etc.	
City & State Floral City, FL Zip Country 34436 USA		City & State Floral City, FL Zip Country 34436 USA	
4. FEI Number 43-2029929		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERBERICH, MONICA L 26 HICKORY LN SAFETY HARBOR, FL 34695		7. Name and Address of New Registered Agent Name: Berberich, Monica L Street Address (P.O. Box Number is Not Acceptable) 7183 East Shady Nook Ct City: Floral City FL Zip Code: 34436	
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 title if applicable. (NOTE: Registered Agent signature required when registering)			
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	P BERBERICH, MONICA L 26 HICKORY LN SAFETY HARBOR, FL 34695	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Berberich, Monica L 7183 East Shady Nook Ct Floral City, FL 34436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERBERICH, MONICA L 26 HICKORY LN SAFETY HARBOR, FL 34695	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Berberich, Monica L 7183 East Shady Nook Ct Floral City, FL 34436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERBERICH, MARCIA 26 HICKORY LN SAFETY HARBOR, FL 34695	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
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 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: <i>Monica L Berberich</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/5/06 352-726-5970 727-543-1904	