2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 08:00 AM Secretary of State

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1. Entity Name

GLORIA C. CUNNINGHAM, L.M.T., INC.



Principal Place of Business

Mailing Address

780 BUTTONWOOD LANE DUNEDIN, FL 34698 780 BUTTONWOOD LANE DUNEDIN, FL 34698



04122007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0509346 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CUNNINGHAM, GLORIA C 780 BUTTONWOOD LANE DUNEDIN, FL 34698

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees							
10.	OFFICERS AND DIREC	CTORS									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, GLORIA C 780 BUTTONWOOD LANE DUNEDIN, FL 34698				U00000729508						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/08/07-80043-007 150.0						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP											
NAME STREET ADDRESS CITY-ST-ZIP	- :				-						
12. I hereby of	certify that the information supplied with this fi	ling does not qualify for the exe	mptions cor	ntained in Chapter 119	P. Florida Statutes. I further certify that the information						

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-19-07

Daytime Phone #