

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000043923

FILED
Jan 06, 2005
Secretary of State

Entity Name: J.M. CONNOR THERAPUTIC MASSAGE INCORPORATED

Current Principal Place of Business:

2212 CLEVELAND AVENUE
FORT MYERS, FL 33901 US

New Principal Place of Business:

New Mailing Address:

11561 BENTWOOD CT.
NORTH FT. MYERS, FL 33917 US

Current Mailing Address:

2212 CLEVELAND AVENUE
FORT MYERS, FL 33901 US

FEI Number: 14-1904318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNOR, JEANNE M
11561 BENTWOOD COURT
FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

CONNOR, JEAN M
11561 BENTWOOD COURT
NORTH FORT MYERS, FL 33917 US

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.

SIGNATURE: JEAN M. CONNOR

01/06/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: CONNOR, JEANNE M
Address: 11561 BENTWOOD COURT
City-St-Zip: FORT MYERS, FL 33917 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: CONNOR, JEAN M
Address: 11561 BENTWOOD COURT
City-St-Zip: NORTH FORT MYERS, FL 33917 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN M. CONNOR

DIR

01/06/2005

Electronic Signature of Signing Officer or Director

Date