


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

02-16-2005 90034 015 ***150.00

DOCUMENT # P04000106888	
1. Entity Name AGELESS MEDICAL SPA, INC.	

Principal Place of Business 6400 W. NEWBERRY ROAD STE 109 GAINESVILLE, FL 32605	Mailing Address 6400 W. NEWBERRY ROAD STE 109 GAINESVILLE, FL 32605
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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6. Name and Address of Current Registered Agent AKEY, TIMOTHY P 8108 SW 10TH PLACE GAINESVILLE, FL 32607	
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66008907



01072005 Chg-P CR2E034 (10/03)

4. FEI Number 20-255-2459	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.D AKEY, ANGELI M 8108 SW 10TH PLACE GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP.D AKEY, TIMOTHY P 8108 SW 10TH PLACE GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Akey M 1/7/05 Akey M 3/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BODY, MIND & SOLE, INC.

ATTACHMENT

1019

From:

Body Mind & Sole dba Ageless Medical Spa
6400 West Newberry Road, Suite 109
Gainesville, FL 32605

66008907

Date: 01/29/05
Check Number: 1019
Amount: 150.00

Memo:

Ageless Medical Spa, Inc #P04000106888

ORIGINAL DOCUMENT PRINTED ON CHEMICAL RESISTIVE PAPER WITH MICROPRINTED BORDER. SEE REVERSE SIDE FOR COMPLETE SECURITY FEATURES.

BODY, MIND & SOLE, INC.
D/B/A AGELESS MEDICAL SPA
6400 W. NEWBERRY ROAD, SUITE 109
GAINESVILLE, FLORIDA 32605



63-1454/631

1019
NUMBER

DATE	AMOUNT
01/29/05	150.00

PAY **One Hundred Fifty And 00/100 Dollars*****
TO THE
ORDER

OF

Florida Dept of State
Division of Corporations, PO Box 1500
Tallahassee, FL 32302-1500

MP

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE. RED IMAGE DISAPPEARS WITH HEAT.

BODY, MIND & SOLE, INC.

1019

To:

Florida Dept of State
Division of Corporations, PO Box 1500
Tallahassee, FL 32302-1500

Date: 01/29/05
Check Number: 1019
Amount: 150.00

Memo:

Ageless Medical Spa, Inc #P04000106888

Year to Date Paid:
150.00