2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 08, 2006 8:00 am Secretary of State

1. Entity Narr	MENT # P05000024: MASSAGE & SKIN, INC.	993				02-03-200	06 90012	006 ***	150.00
Principal Plac	e of Business	Mailing Address			1				
3520 NW 43RD ST. Gainesville, FL 32606 US		3520 NW 43RD ST. Gainesville, FL 32606 US			66004171				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01262008	Chg-P	CR2E0	34 (11/05)		
City & Stat	•	City & State			4. FEI Number	2341	976		oplied For ot Applicable
Zíp	Country	Zip	Country		5. Certificate o	of Status Desired		\$8.75 Ad Fee Require	
;·	6. Name and Address of Current R	tegistered Agent			7. Name and	Address of New I	Registered /	Agent	
GODDARD, CAROLYN 3520 NW 43RD STREET GAINESVILLE, FL 32608			Street	Street Address (P.O. Box Number is Not Acceptable)					
· · · · · · · · · · · · · · · · · · ·			City	City FL Zip Code				le	
the obligat	named entity submits this statement for ions of registered agent. Sgretue, hiped or printed heme of registered agent an		registered office	-		i, in the State of Fi	OATE	amiliar with	end accept
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campai Trust Fund Contr		\$5. Ada	.00 May Be ed to Fees		•		
10. OFFICERS AND DIRECTORS			11.	1. ADDITIONS/CHANGES TO			OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS CITY-ST-ZIP	P GODDARD, CAROLYN 3520 NW 43RD STREET GAINESVILLE, FL 32606	☐ Octab	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,				☐ Change	Addition
TITLE NAME STREET ADDRESS	VP GODDARD, CAROLYN 3520 NW 43RD STREET	☐ Defete	TITLE NAME STREET ADDRESS					☐ Change	Ackeitlon
CITY-SI-ZIP	GAINESVILLE, FL 32606		CITY-SI-ZIP	'					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GODDARD, CAROLYN 3520 NW 43RD STREET GAINESVILLE, FL 32606	☐ Delete ·	TITLE RAME STREET ADORES: CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GODDARD, CAROLYN 3520 NW 43RD STREET GAINESVILLE, FL 32606	☐ 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 exhibit separation of the receiver of the corporation or the receiver of the corporation of the receiver of the receiv

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GODDARD, CAROLYN

3520 NW 43RD STREET

GAINESVILLE, FL 32606

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nite

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CITY-ST-ZIP

OTY-\$1-71P

SIGNATURE AND TYPED OR PRINTED

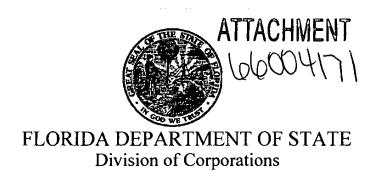
Delete

☐ Delete

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☐ Change ☐ Addition

Change



February 6, 2006

ISLAND MASSAGE & SKIN, INC. 3520 NW 43RD ST. GAINESVILLE, FL 32606 US

Subject: ISLAND MASSAGE & SKIN, INC.

Reference Number:

P0500002499

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH ANNUAL REPORTS SECTION