

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 APR 18 AM 6:58

DOCUMENT # P05000024993

1. Entity Name
ISLAND MASSAGE & SKIN, INC.



Principal Place of Business
3520 NW 43RD ST.
GAINESVILLE, FL 32606 US

Mailing Address
3520 NW 43RD ST.
GAINESVILLE, FL 32606 US



03182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2341976

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GODDARD, CAROLYN
3520 NW 43RD STREET
GAINESVILLE, FL 32606

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GODDARD, CAROLYN
STREET ADDRESS	3520 NW 43RD STREET
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	VP
NAME	GODDARD, CAROLYN
STREET ADDRESS	3520 NW 43RD STREET
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	T
NAME	GODDARD, CAROLYN
STREET ADDRESS	3520 NW 43RD STREET
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	S
NAME	GODDARD, CAROLYN
STREET ADDRESS	3520 NW 43RD STREET
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	DIR
NAME	GODDARD, CAROLYN
STREET ADDRESS	3520 NW 43RD STREET
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000103285570
05/25/07--01015--022 **350.00

**DO NOT WRITE
IN THIS SPACE**

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: Carolyn Goddard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/07
Date

352-3380424
Daytime Phone #