

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 23, 2006 8:00 am**  
**Secretary of State**

05-23-2006 90012 001 \*\*\*150.00

**DOCUMENT # P05000059794**

1. Entity Name

**BODY MASTERS DAY SPA, INC.**



Principal Place of Business

9926 BAYMEADOWS ROAD  
JACKSONVILLE FL 32256  
US

Mailing Address

3980 RICHMOND PARK DR EAST  
JACKSONVILLE FL 32224

40034100



2. Principal Place of Business

9926 Baymeadows Rd  
Suite, Apt. #, etc.

3. Mailing Address

4401 Ashfield Drive  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

30-2727421

Applied For

Not Applicable

Zip

32256

Country

USA

Zip

32224

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MACARTHUR, JONATHAN  
3980 RICHMOND PARK DRIVE EAST  
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name Jonathan MacArthur

Street Address (P.O. Box Number is Not Acceptable)  
4401 Ashfield Drive

City Jacksonville

FL

Zip Code

32224

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]*

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P D	<input type="checkbox"/> Delete
NAME	MACARTHUR, JONATHAN	
STREET ADDRESS	3980 RICHMOND PARK DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	VST	<input type="checkbox"/> Delete
NAME	MACARTHUR, JENNIFER	
STREET ADDRESS	3980 RICHMOND PARK DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #