


FILED
Aug 14, 2006 8:00 am
Secretary of State

07-31-2006 90003 034 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000099782					
1. Entity Name BOWERS MASSAGE THERAPY, INC.					
Principal Place of Business 3600 NW 43RD STREET STE E-3 GAINESVILLE, FL 32606			Mailing Address 3600 NW 43RD STREET STE E-3 GAINESVILLE, FL 32606		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3132825	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HUKLE, R. JANE 3600 NW 43RD STREET STE E-3 GAINESVILLE, FL 32606			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 _____ DATE _____ <small>Signature typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> Delete				
NAME	HUKLE, R. JANE				
STREET ADDRESS	3600 NW 43RD STREET STE E-3				
CITY - ST - ZIP	GAINESVILLE, FL 32606				
TITLE	D <input type="checkbox"/> Delete				
NAME	NICHOLS, RONNIE				
STREET ADDRESS	4706 NW 28TH TERRACE				
CITY - ST - ZIP	GAINESVILLE, FL 32605				
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					
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 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: <u>R. J. Hukle</u> 7/28/06 352-378-5400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					

ATTACHMENT

Bowers Massage Therapy Inc.
3600 NW 43rd Street
Suite E3
Gainesville, Florida 32608

66023053
#P05000099782

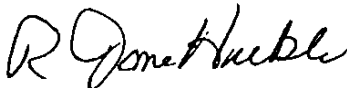
July 28, 2006

To Whom It May Concern:

Per my accountant's instruction, I have enclosed a check in the amount of \$150.00, which should be the amount I owe. I did not receive a renewal notice of any kind and was unaware that I needed to send in a form and money until I received the postcard saying my corporation was going to be dissolved. Please accept the enclosed form and check as written.

Thank you in advance.

Respectfully yours,



R. Jane Hukle
President
Bowers Massage Therapy, Inc.