

2008 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

FILED
Aug 04, 2008 08:00 AM
Secretary of State



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-3132825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUKLE, R. JANE
3600 NW 43RD STREET STE E-3
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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HUKLE, R. JANE
STREET ADDRESS 3600 NW 43RD STREET STE E-3
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE D
NAME NICHOLS, RONNIE
STREET ADDRESS 4706 NW 28TH TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000957121
08/04/08-80010-012 550.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/08