

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000099782

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** BOWERS MASSAGE THERAPY, INC.

**Current Principal Place of Business:**

3600 NW 43RD STREET STE E-3  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

3600 NW 43RD STREET STE E-3  
GAINESVILLE, FL 32606

**New Mailing Address:**

**FEI Number:** 20-3132825

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUKLE, R. JANE  
3600 NW 43RD STREET STE E-3  
GAINESVILLE, FL 32606 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HUKLE, R. JANE  
Address: 3600 NW 43RD STREET STE E-3  
City-St-Zip: GAINESVILLE, FL 32606

Title: D  
Name: NICHOLS, RONNIE  
Address: 4706 NW 28TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: R JANE HUKLE

PRES

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date