

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000143347

1. Entity Name
30-A THERAPY, INC.



FILED

06 SEP 20 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
57 B UPTOWN GRAYTON CIRCLE
SANTA ROSA BEACH, FL 32459 US

Mailing Address
154 SIDNEY AVE
DEFUNIAK SPRINGS, FL DEFUNIAK US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08022006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-3676821

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIRETTE, ANN P
205 GULF CREST LANE
PANAMA CITY BEACH, FL 32413

Name Rosemary B. McLendon

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

154 Sidney Ave.

City Defuniak Springs

FL

Zip Code 32433

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 Rosemary B. McLendon Rosemary B. McLendon 09-06-2006

Signature, typed or printed name of registered agent and type if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P D ☒ Delete
NAME LIRETTE, ANN P
STREET ADDRESS 205 GULF CREST LANE
CITY-ST-ZIP PANAMA CITY BEACH, FL 32413

TITLE PD ☒ Change ☐ Addition
NAME Rosemary B. McLendon
STREET ADDRESS 154 Sidney Ave.
CITY-ST-ZIP Defuniak Springs, FL 32433

TITLE ST ☐ Delete
NAME MCLENDON, ROSEMARY
STREET ADDRESS 154 SIDNEY AVE
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000080095730
09/22/06--01055--023 **158.75

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Rosemary B. McLendon Rosemary B. McLendon 09-06-2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-850-534-3086

2/9/22