

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000073977

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Entity Name:** RELAX THERAPEUTIC MASSAGE, INC.

**Current Principal Place of Business:**

2010 PINE TERRACE  
SUITE 2  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1992  
NOKOMIS, FL 34274

**New Mailing Address:**

12112 WARWICK CIRCLE  
PARRISH, FL 34219

**FEI Number:** 20-4954599

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOODSON, RICHARD B  
418 MURILLO DR  
NOKOMIS, FL 34275 US

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

WOODSON, RICHARD B  
12112 WARWICK CIRCLE  
PARRISH, FL 34219 US

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:

01/13/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WOODSON, RICHARD B  
Address: 12112 WARWICK CIRCLE  
City-St-Zip: PARRISH, FL 34219

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: RICHARD B WOODSON

P

01/13/2012

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

\_\_\_\_\_  
Date