

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000087927

FILED
Aug 07, 2008
Secretary of State**Entity Name:** CONTRACTOR'S CHOICE STEAMBATH & SAUNA INC.**Current Principal Place of Business:**4946 HERTON DR
JACKSONVILLE, FL 32258**New Principal Place of Business:****Current Mailing Address:**4946 HERTON DR
JACKSONVILLE, FL 32258**New Mailing Address:****FEI Number:** 56-2620760**FEI Number Applied For** ()**FEI Number Not Applicable** ()**Certificate of Status Desired** (X)**Name and Address of Current Registered Agent:**MOODY, MARK W
4946 HERTON DR
JACKSONVILLE, FL 32258 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:** PR () Delete
Name: MOODY, YULIYA C
Address: 4946 HERTON DR
City-St-Zip: JACKSONVILLE, FL 32258**Title:** VP () Delete
Name: MOODY, MARK
Address: 4946 HERTON DR
City-St-Zip: JACKSONVILLE, FL 32258**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PR (X) Change () Addition
Name: MOODY, MARK W
Address: 4946 HERTON DR
City-St-Zip: JACKSONVILLE, FL 32258**Title:** VP (X) Change () Addition
Name: MOODY, YULIYA C
Address: 4946 HERTON DR
City-St-Zip: JACKSONVILLE, FL 32258

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: YULIYA MOODY

VP

08/07/2008

Electronic Signature of Signing Officer or Director_____
Date