P01000045990

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: On Call Massage Corporation (Name of Corporation)				
(Name of Corporation)				
DOCUMENT NUMBER: P070000 4599 0				
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Vicki Wilkes (Name of Person)				
On Call Mussage Corporation (Name of Firm Company)				
1424 Dexter Road (Address)				
North Port 5 34288 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Vicki Wilkes at (941) 456-9625 (Area Code & Daytime Telephone Number)				
Enclosed is a check for \$35.00 made payable to the Florida Department of State.				

Mailing Address:
Amendment Section

Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ı, Sheri Crane	, hereby resign as_	Vice Pres	pident,
of On Call Massage	<u>Corporation</u>	1	,
P 070000 45990 (Document Number, if known)	a corporation organized un-	der the laws of the St	tate of
Florida			
Nig.	nature of resigning officer/direct	tor)	SECRETARY OF STATE DIVISION OF NON -7 PM 1: C

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314