

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000102435

Entity Name: J & A MASSAGE THERAPY, INC

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1799 SW 28 AVE  
FT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

1799 SW 28 AVE  
FT LAUDERDALE, FL 33312

**New Mailing Address:**

FEI Number: 27-1527633

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DESMOND, AMANDA  
1799 SW 28 AVE  
FT LAUDERDALE, FL 33312 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DESMOND, AMANDA  
Address: 1799 SW 28 AVE  
City-St-Zip: FT LAUDERDALE, FL 33312

Title: D  
Name: SAPP, JIMMY A  
Address: 1799 SW 28TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33312

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: JIMMY A SAPP

D

04/29/2010

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

\_\_\_\_\_  
Date