

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000078389

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** VILLAGES MASSAGE AND THERAPY, INC.

**Current Principal Place of Business:**

16670 US HWY 441  
SUITE 101  
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

**Current Mailing Address:**

16670 US HWY 441  
SUITE 101  
SUMMERFIELD, FL 34491

**New Mailing Address:**

**FEI Number:** 27-3560603

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STRICKLAND, STEPHEN H  
16670 US HWY 441  
SUITE101  
SUMMERFIELD, FL 34491 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: P  
Name: STRICKLAND, STEPHEN H  
Address: 16670 US HWY 441., SUITE 101  
City-St-Zip: SUMMERFIELD, FL 34491 US

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: STEPHEN H STRICKLAND

PRES

04/24/2012

Electronic Signature of Signing Officer or Director

Date