

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000060463

FILED
May 01, 2012
Secretary of State

Entity Name: CITRUS MASSAGE THERAPY, INC.

Current Principal Place of Business:

118 N PINE AVE
INVERNESS, FL 34450

New Principal Place of Business:

Current Mailing Address:

118 N PINE AVE
INVERNESS, FL 34450

New Mailing Address:

FEI Number: 45-2827022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIRES, KATIE J
118 N PINE AVE
INVERNESS, FL 34450 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: SPIRES, KATIE J
Address: 6700 E BLUEBIRD LN
City-St-Zip: INVERNESS, FL 34452

Title: VP
Name: SPIRES, VERNON K
Address: 6700 E BLUEBIRD LN
City-St-Zip: INVERNESS, FL 34452

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: KATIE SPIRES

P

05/01/2012

Electronic Signature of Signing Officer or Director

Date