## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000026309

Entity Name: CATHY LEE MESSAGE THERAPY, INC.

FILED Apr 14, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

8803 CORTEZ ROAD WEST 6302 MANATEE AVENUE WEST BRADENTON, FL 34210

BRADENTON, FL 34209

**Current Mailing Address: New Mailing Address:** 

8803 CORTEZ ROAD WEST 6302 MANATEE AVENUE WEST BRADENTON, FL 34210

BRADENTON, FL 34209

FEI Number: 65-0402526 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LEE, CATHY LEE, CATHY 8803 CORTEZ ROAD WEST

6302 MANATEE AVENUE WEST BRADENTON, FL 34210 BRADENTON, FL 34209 US

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: 04/14/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

LEE, CATHY A PRES LEE, CATHY A PRES Name: Name: 8803 CORTEZ ROAD WEST Address: 6302 MANATEE AVENUE WEST Address: City-St-Zip: BRADENTON, FL 34210 City-St-Zip: BRADENTON, FL 34209

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: CATHY LEE **PRES** 04/14/2009