


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000010726	
1. Entity Name ADVANCED SOFT TISSUE THERAPY, INC.	

Principal Place of Business 5610 4TH ST N SAINT PETERSBURG, FL 33703	Mailing Address 5610 4TH ST N SAINT PETERSBURG, FL 33703
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01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3359366	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SKAGGS, TRAVIS 5610 4TH ST N SAINT PETERSBURG, FL 33703

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Travis L Skaggs* DATE 12-13-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SKAGGS, TRAVIS 5610 4TH ST N SAINT PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HARWICK, VICKI 5610 4TH ST N SAINT PETERSBURG, FL 33703
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01/20/04-80020-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Travis L Skaggs* JAN. 13. 2004 727-522-4126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #