

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90016 050 ***150.00

DOCUMENT # P96000011658

1. Entity Name
KISSIMMEE MASSAGE THERAPY CARE, INC.



Principal Place of Business

1400 W. OAK SR.
SUITE F
KISSIMMEE, FL 34741

Mailing Address

P.O. BOX 420561
KISSIMMEE, FL 34742

2. Principal Place of Business

1400 W Oak Street

3. Mailing Address

Suite, Apt. #, etc.

Suite F

City & State

Kissimmee FL

City & State

Zip

34741

Country

USA

Country

USA

01242004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3382361

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAORUDER, C M ESQ
220 EAST MONUMENT AVENUE #C
KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
PVST
MCCONNELL, KATHERINE J
1400 W. OAK STREET #B
KISSIMMEE, FL 34741 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MCCONNELL, KATHERINE J
1400 W. OAK STREET #B
KISSIMMEE, FL 34741 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
SUITE F NOT #B

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
SUITE F NOT #B

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(x) 2-2-04 (407) 870 7557