



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90029 008 ***150.00

DOCUMENT # P96000011658 1. Entity Name KISSIMMEE MASSAGE THERAPY CARE, INC.					
Principal Place of Business 819 E OAK ST SUITE A KISSIMMEE, FL 34744			Mailing Address P.O. BOX 420561 KISSIMMEE, FL 34742		
2. Principal Place of Business - No P.O. Box # 825 E Oak St. <small>Suite, Apt. #, etc.</small> Kissimmee FL <small>City & State</small>		3. Mailing Address P.O. Box 420561 <small>Suite, Apt. #, etc.</small> Kissimmee, FL <small>City & State</small>			
4. FEI Number 59-3382361		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03072008 Chg-P CR2E034 (12/06)			
6. Name and Address of Current Registered Agent MAGRUDER, C M ESQ 203 S CLYDE AVE 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 <i>Katherine J. McConnell</i> <i>Katherine J. McConnell</i> 3-7-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MCCONNELL, KATHERINE J <input type="checkbox"/> Delete 819 E OAK ST, STE A KISSIMMEE, FL 34744		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MCCONNELL, Katherine J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 825 E. Oak St Kissimmee, FL 34744	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCONNELL, KATHERINE J <input type="checkbox"/> Delete 819 E OAK ST, STE A KISSIMMEE, FL 34744		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCONNELL, Katherine J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 825 E. Oak St. Kissimmee, FL 34744	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Katherine J. McConnell</i> <i>Katherine J. McConnell</i> 3-7-08 407-870-7557 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					