2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2007 08:00 AM Secretary of State

ANNOAL ILL OIL								
DOCUMENT # P9600 1. Entity Name MASSAGE THERAPY OF WII								
Principal Place of Business	Mailing Address							
539 E CENTRAL AVE WINTER HAVEN, FL 33880	539 E CENTRAL AVE Winter Haven, FL 33880							



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	6. Name and Address of Current Regis	itered Agent				" 上 一 一	d white
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				IN.	THIS SI	PACE	
	named entity submits this statement for the p	ourpose of changing its register	ed office or re			lorida. I am fam	iliar with, and accept
the obligat	ions of registered agent.						
SIGNATUŖE_	Signature, typed or printed name of registered agent and title	ANOTE BUILD	d d - and all - al			DATE	
	Signature, typed or printed name of registered algeritario side	n applications. (NOTE; registere	a Ageni signature i	required when reinstating)	1	, OATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	 Election Campaign Finar Trust Fund Contribution. 		\$5.00 May Be Added to Fees		•	
10.	OFFICERS AND DIREC	CTORS	,,4	16 W	la h s s s d	1 3 3 3 4 3 4 5 4 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
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STREET ADDRESS CITY-ST-ZIP		C-12			Security Mark	No. of the	Se Marie Salah
12. I hereby o	certify that the information supplied with this f	iling does not qualify for the extend accurate and that my signs	emptions cont	tained in Chapter 11	9, Florida Statutes.	I further certify t	hat the information

The reby comit that the information supplied with this information supplied with this 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:

GNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31107

863-294-2902

Daytime Phone #