FILED
Mar 10, 2008 08:00 A
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000016741

1. Entity Name
MASSAGE THERAPY OF WINTER HAVEN P.A.

Principal Place of Business	Mailing Address
539 E CENTRAL AVE WINTER HAVEN, FL 33880	539 E CENTRAL AVE WINTER HAVEN, FL 33880

DO NOT WRITE IN THIS SPACE

02212008 No Chg-P CR2E034 (1/05)

4. FEI Number
59-3363951
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HORTON, ANGIE R
539 E CENTRAL AVE
WINTER HAVEN, FL 33880

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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 _____ DATE
Signature required if this is a change of registered agent. Typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when reinstating.

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

000000853189
03/26/08-80060-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	HORTON, ANGIE R
STREET ADDRESS	539 E CENTRAL AVE
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	D
NAME	HORTON, WAYNE
STREET ADDRESS	539 E CENTRAL AVE
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Angie Horton 3-13-08 * 863 294-2902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(1)