2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004
Secretary of State

DOCUMENT# P96000054357

Entity Name: INSTITUTE OF HYDROTHERAPY AND NATURAL HEALTH, INC.

Current Principal Place of Business:

315 GRANT ST SUITE 2
HOLLYWOOD, FL 33019 US

New Principal Place of Business:

Current Mailing Address:

315 GRANT ST SUITE 2
HOLLYWOOD, FL 33019 US

New Mailing Address:

FEI Number: 65-0694499 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHAFER, SUZANNE BOURGIE
233 N FEDERAL HWY
STE 53
DANIA, FL 33004 US

Name and Address of New Registered Agent:

SCHAFER, SUZANNE BOURGIE
315 GRANT ST
#2
HOLLYWOOD, FL 33019 US

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.

SIGNATURE: SUZANNE BOURGIE SCHAFER 08/09/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDVP ( ) Delete
Name: SCHAFER, SUZANNE BOU, RGIE
Address: 233 N FEDERAL HWY #53
City-St-Zip: DANIA, FL 33004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDVP (X) Change ( ) Addition
Name: SCHAFER, SUZANNE BOU, RGIE
Address: 315 GRANT ST, #2
City-St-Zip: HOLLYWOOD, FL 33019 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE BOURGIE SCHAFER PDVP 08/09/2004
Electronic Signature of Signing Officer or Director Date