

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000086297	
1. Entity Name MELBOURNE MASSAGE THERAPY, INC.	

Principal Place of Business 300 EAST STRAWBRIDGE AVENUE MELBOURNE, FL 32901	Mailing Address 300 EAST STRAWBRIDGE AVENUE MELBOURNE, FL 32901
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DO NOT WRITE IN THIS SPACE



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3411182	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KNOWLES, S CHRISTINE 300 E. STRAWBRIDGE AVE. MELBOURNE, FL 32901

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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 Signature, typed or printed name of registered agent and title if applicable.	NOTE: Registered Agent signature required when reinstating	DATE
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOWLES, S. CHRISTINE 1158 POLK STREET MELBOURNE, FL 32935
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04/15/04-80037-010 150.00

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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: <i>S. Christine Knowles</i> S. CHRISTINE KNOWLES, D.A.	Date: 4/13/04	Daytime Phone #: 321 956 2225
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