


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90066 021 \*\*\*150.00

<b>DOCUMENT # P97000083325</b>	
1. Entity Name <b>HOLISTIC MASSAGE THERAPY, INCORPORATED</b>	

Principal Place of Business <b>830 S 3RD ST, SUITE 106 JACKSONVILLE FL 32250</b>	Mailing Address <b>830 S 3RD ST, SUITE 106 JACKSONVILLE FL 32250</b>
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2. Principal Place of Business <b>3090 B South Third St</b> Suite, Apt. #, etc.	3. Mailing Address <b>3090 B South Third St</b> Suite, Apt. #, etc.
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City & State <b>JAX Beach FL</b>	City & State <b>JAX Beach FL</b>
Zip <b>32250</b>	Country <b>USA</b>

**MOORE CR2E034 (11/03)**

**4 10000000**



6. Name and Address of Current Registered Agent <b>WHITE, COLLEEN A 2731 MADRID ST JACKSONVILLE FL 32250</b>	7. Name and Address of New Registered Agent Name <b>Carolyn Herman</b> Street Address (P.O. Box Number is Not Acceptable) <b>830 South Third St, #104</b> City <b>JAX Beach</b> <b>FL</b> Zip Code <b>32250</b>
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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 *Carolyn Herman* *Carolyn Herman* *7.17.04*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVD LARIZZA, MB 830 S 3RD ST, SUITE 106 JACKSONVILLE FL 32250</b> <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	<b>STD RUSSAKOFF, ROBERT E 830 S 3RD ST, SUITE 106 JACKSONVILLE FL 32250</b> <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
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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 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: *M.B. Larizza* *M.B. Larizza* *4.20.04* *904.247.8682*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #