2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004
Secretary of State

DOCUMENT# P97000107825

Entity Name: THERAPEUTIC MASSAGE BY RHONDA, INC.

Current Principal Place of Business:

101 AVE C SW
STE 513
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

190 AVE A NW
WINTER HAVEN, FL 33881 US

Current Mailing Address:

101 AVE C SW
STE 513
WINTER HAVEN, FL 33880 US

New Mailing Address:

190 AVE A NW
WINTER HAVEN, FL 33881 US

FEI Number: 59-3484332 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMILEY, RHONDA
101 AVE C SW
STE 513
WINTER HAVEN, FL 33880

Name and Address of New Registered Agent:

SMILEY, RHONDA
190 AVE A NW
WINTER HAVEN, FL 33881

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: RHONDA SMILEY 04/08/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SMILEY, RHONDA
Address: 1776 6TH STREET NW, #303
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RHONDA SMILEY PRES 04/08/2004
Electronic Signature of Signing Officer or Director Date