


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90011 004 ***558.75

DOCUMENT # P98000001623		
1. Entity Name PROFESSIONAL MASSAGE SERVICES, INC.		

Principal Place of Business 333 N FIRST ST SUITE 210 JACKSONVILLE BEACH, FL 32250	Mailing Address 333 N FIRST ST SUITE 210 JACKSONVILLE BEACH, FL 32250
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2. Principal Place of Business 906 Beach Blvd.	3. Mailing Address 6861 S.W. 196 Ave.
Suite, Apt. #, etc. 15	Suite, Apt. #, etc. Bldg. 200
City & State Jacksonville Beach FL	City & State Ft. Lauderdale FL
Zip 32250	Country
Zip 33332	Country



08082004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3486665	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRITCHARD, ROBERT H ESQUIRE 1301 RIVERPLACE BLVD., SUITE 1500 JACKSONVILLE, FL 32207	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TARBART, WILLIAM 333 N FIRST ST SUITE 210 JACKSONVILLE BEACH, FL 32250 <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
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

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: Michael M. Moecker Michael M. Moecker, Assignee 9-7-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
954 252-1560