

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000063275

FILED  
Jun 15, 2004  
Secretary of State

Entity Name: MESSAGE THERAPY SPECIALISTS, INC.

**Current Principal Place of Business:**

5401 PINE CREEK DR  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 568573  
ORLANDO, FL 328568573

**New Mailing Address:**

FEI Number: 59-3523660      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALSTED, SHARON  
5401 PINE CREEK DR  
ORLANDO, FL 32811      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WALSTED, SHARON R  
Address: 5401 PINE CREEK DR  
City-St-Zip: ORLANDO, FL 32811

Title: S ( ) Delete  
Name: WALSTED, DENNIS C  
Address: 4137 LAKE MIRIAM CIRCLE  
City-St-Zip: LAKELAND, FL 33813

Title: VP ( ) Delete  
Name: WALSTED-D' ANDREA, ERIKA  
Address: 17800 REGIS DR.  
City-St-Zip: PFLUGERVILLE, TX 78660

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S (X) Change ( ) Addition  
Name: WALSTED, DENNIS C  
Address: 5137 LAKE MIRIAM CIRCLE  
City-St-Zip: LAKELAND, FL 33813

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: SHARON WALSTED

P

06/15/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date