

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91050 034 ***150.00

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1. Entity Name

MASSAGE THERAPY CENTER OF S.W. FLORIDA, INC.



Principal Place of Business

621 CAPE CORAL PKWY #5
CAPE CORAL FL 33904

Mailing Address

621 CAPE CORAL PKWY #5
CAPE CORAL FL 33904

2. Principal Place of Business

912 SE 46th LANE

Suite, Apt. #, etc.

Unit # 204

3. Mailing Address

912 S.E. 46th LANE

Suite, Apt. #, etc.

Unit # 204

City & State

CAPE CORAL FLA.

City & State

CAPE CORAL FLA.

Zip

33904

Country

USA

Zip

33904

Country

USA

6. Name and Address of Current Registered Agent

SIMON, CECILIA E
1019 S.W. 52ND STREET
CAPE CORAL FL 33904

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing - Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete

NAME SIMON, CECILIA E
STREET ADDRESS 1019 SW 52ND ST
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE VP ☐ Delete

NAME IRVIN, JOSEPH M
STREET ADDRESS 1019 SW 52ND ST
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Cecilia Simon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #