

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000071563

1. Entity Name
MESSAGE THERAPY CENTER OF S.W. FLORIDA, INC.



Principal Place of Business
912 SE 46TH LANE
UNIT 204
CAPE CORAL, FL 33904

Mailing Address
912 SE 46TH LANE
UNIT 204
CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE

FILED
Sep 02, 2005 08:00 AM
Secretary of State

Dep't OF STATE



02052005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0859114

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000377791
09/07/05-80014-015 550.00

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IN THIS SPACE**

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: *Cecelia Simon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/31/05 *239*
549-7191