

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000091249

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** JACQUELINE WIESNER PROFESSIONAL MASSAGE THERAPY INC.

**Current Principal Place of Business:**

13180 N. CLEVELAND AVENUE  
SUITE 117  
N. FT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

1614 N.E. 7TH STREET  
CAPE CORAL, FL 33909

**New Mailing Address:**

4312 S. GULF CIRCLE  
N. FT MYERS, FL 33903

FEI Number: 65-0866530

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WIESNER, JACQUELINE  
1614 NE 7 STREET  
CAPE CORAL, FL 33909 US

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

WIESNER, JACQUELINE  
4312 S. GULF CIRCLE  
N. FT MYERS, FL 33903 US

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

04/19/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WIESNER, JACQUELINE  
Address: 4312 S. GULF CIRCLE  
City-St-Zip: N. FT. MYERS, FL 33903

I hereby 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 all other like empowered.

SIGNATURE: JACQUELINE P. WIESNER

PRES

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date