

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000045617

1. Entity Name
MASSAGE THERAPY INSTITUTE, INC.



Principal Place of Business
**1835 US 1 SOUTH
SUITE 119, PMB 151
SAINT AUGUSTINE, FL 32086**

Mailing Address
**1835 US 1 SOUTH
SUITE 119, PMB 151
SAINT AUGUSTINE, FL 32086**



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3603369

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**EDWARDS, DENISE
1835 US 1 SOUTH
STE 119, PMB 151
SAINT AUGUSTINE, FL 32086**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000945309
05/30/08-80002-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROSA, DENISE 1835 US 1 SOUTH, STE 119, PMB 151 SAINT AUGUSTINE, FL 32086
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08 9048066289
Date Daytime Phone