FILED
May 03, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S46904

1. Entity Name
PORT CHARLOTTE SCHOOL OF MASSAGE THERAPY INC.

Principal Place of Business	Mailing Address
730 TAMIAMI TRAIL SUITE A PT CHARLOTTE, FL 33953	730 TAMIAMI TRAIL SUITE A PT CHARLOTTE, FL 33953

DO NOT WRITE IN THIS SPACE

04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0304749
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DE TURK, JACQUELINE M
628 BARCELONA AVE.
VENICE, FL 24285

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	DETURK, JACQUELINE M
STREET ADDRESS	628 BARCELONA AVENUE
CITY-ST-ZIP	VENICE, FL 34285
TITLE	V
NAME	DWYER, SHAWN
STREET ADDRESS	628 BARCELONA AVENUE
CITY-ST-ZIP	VENICE, FL 34285
TITLE	S
NAME	EDWARDS, ALEXIS
STREET ADDRESS	13491 NE 20TH AVE
CITY-ST-ZIP	TRENTON, FL 32693
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/04-80115-001 150.00

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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: Jacqueline M DeTurk JACQUELINE M. DETURK April 29 2004 941.255.1966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #