

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S46904

FILED  
Apr 14, 2010  
Secretary of State

**Entity Name:** PORT CHARLOTTE SCHOOL OF MASSAGE THERAPY INC.

**Current Principal Place of Business:**

119 TAMIAMI TRAIL  
SUITE E  
PT CHARLOTTE, FL 33953

**New Principal Place of Business:**

**Current Mailing Address:**

119 TAMIAMI TRAIL  
SUITE E  
PT CHARLOTTE, FL 33953

**New Mailing Address:**

**FEI Number:** 65-0304749

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DE TURK, JACQUELINE M  
574 BELLAIRE DRIVE  
VENICE, FL 34293 US

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

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

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: DETURK, JACQUELINE M  
Address: 574 BELLAIRE DRIVE  
City-St-Zip: VENICE, FL 34293

Title: V  
Name: DWYER, SHAWN M  
Address: 13491 NE 20TH AVE.  
City-St-Zip: TRENTON, FL 32693

Title: S  
Name: FINA, ALEXIS  
Address: 13491 NE 20TH AVE  
City-St-Zip: TRENTON, FL 32693

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 M. DE TURK

CEO

04/14/2010

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

\_\_\_\_\_  
Date