

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000054198

**Entity Name:** SEASIDE MASSAGE THERAPY CENTER, INC.

**Current Principal Place of Business:**

4615 GULF BLVD STE 113  
ST PETE BEACH, FL 33706

**Current Mailing Address:**

4615 GULF BLVD STE 113  
ST PETE BEACH, FL 33706

**FEI Number:** 75-3054157

**Certificate of Status Desired:** No

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

LEPPANEN, JUDITH  
3410 E. DEBAZAN AVE.  
ST PETE BEACH, FL 33706 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name LEPPANEN, JUDITH  
Address 3410 E. DEBAZAN AVE.  
City-State-Zip: ST PETE BEACH FL 33706

Title D  
Name WELCH, MICHAEL  
Address 3410 E. DEBAZAN AVE.  
City-State-Zip: ST PETE BEACH FL 33706

*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:** JUDITH LEPPANEN

**PRESIDENT**

**02/24/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date