

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000149071

Entity Name: TREVOR LEVENS MASSAGE THERAPY, INC.

Current Principal Place of Business:

3680 POTOMAC PL
BOYNTON BEACH, FL 33436

Current Mailing Address:

3680 POTOMAC PL
BOYNTON BEACH, FL 33436

FEI Number: 20-1818574

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEVENS, TREVOR MPRES.
3680 POTOMAC PL.
BOYNTON BEACH, FL 33436 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 P
Name LEVENS, TREVOR MPRES.
Address 3680 POTOMAC PL
City-State-Zip: BOYNTON BEACH FL 33436

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: TREVOR M. LEVENS

PRESIDENT

04/20/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date