

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000033637

**Entity Name:** LENORE BAKER MASSAGE, INC.

**Current Principal Place of Business:**

759 S.W. FEDERAL HWY.,  
SUITE 201H  
STUART, FL 34994

**Current Mailing Address:**

1618 S.W. BUFFUM LN.  
PORT SAINT LUCIE, FL 34984-3530 US

**FEI Number: 46-5414400**

**Certificate of Status Desired: No**

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

BAKER, LENORE F  
1618 S.W. BUFFUM LN.  
PORT SAINT LUCIE, FL 34984-3530 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 BAKER, LENORE F  
Address 1618 S.W. BUFFUM LN.  
City-State-Zip: PORT SAINT LUCIE FL 34984

*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: LENORE BAKER**

**PRESIDENT**

**04/29/2015**

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

\_\_\_\_\_  
Date