## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # H27613** FILED PREMIER HEALTH AND FITNESS CENTER, INC. 04 APR 30 AM 9:05 Principal Place of Business Mailing Address SECRETARY OF STATE 3521 MACLAY BLVD. 3521 MACLAY BLVD. TALLAHASSEE, FLORIDA TALLAHASSEE, FL 32312 US TALLAHASSEE, FL 32312 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 59-2471569 Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GIUDICE, WILLIALM A. Street Address (P.O. Box Number is Not Acceptable) 3521 MACLAY BLVD. TALLAHASSEE, FL 32312 Zip Code City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DST Change XX Addition TITLE ☐ Detete TITLE Mark O'Bryant GIUDICE, WILLIAM A. NAME NAME 1300 Miccosukee RD STREET ADDRESS 1300 MICCOSUKEE ROAD STREET ADDRESS TALLAHASSEE, FL CITY-ST-ZIP Tallahassee, FL 32308 CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME MOORE, DUNCAN NAME 1300 MICCOSUKEE RD STREET ADDRESS STREET ADDRESS 200036049882 <del>05/11/04-01032-014 内弧顶0.倒ddiio</del> CITY-ST-ZIP TALLAHASSEE, FL CITY-ST-ZIP ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

-William A. Giudiœ

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

850-431-5238

Daytime Phone #