


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000058255 1. Entity Name MARY LOU'S FITNESS CENTER, INC.	
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Principal Place of Business 225 MAIN STREET SUITE B SAFETY HARBOR, FL 34695 US	Mailing Address 3347 SAN JOSE STREET CLEARWATER, FL 33759-3624 US
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02162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3725132	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GALBRAITH, MILTON A JR ONE 4TH ST NORTH 10TH FLOOR ST PETERSBURG, FL 33701-3804	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P HALE, MARY LOU 3347 SAN JOSE STREET CLEARWATER, FL 337593624
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S/T HALE, STEVEN M 3347 SAN JOSE STREET CLEARWATER, FL 337593624
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04/19/04-80091-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Steven M. Hale **STEVEN M. HALE** 04-16-2004 727-725-2349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #