


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000087711
 1. Entity Name
 FORT MYERS FITNESS AT GATEWAY, INC.



Principal Place of Business 13130 WESTLINKS TERR FT MYERS, FL 33913	Mailing Address 13130 WESTLINKS TERR FT MYERS, FL 33913
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DO NOT WRITE IN THIS SPACE



03022005 No Chg-P CR2E034 (10/03)

4. FEI Number 81-0628079	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
 SCHUMANN, RAYMOND L
 27200 RIVERVIEW CENTER BLVD, STE 103
 BONITA SPRINGS, FL 34134

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B. 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 _____
Signature: typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RYAN, EDWARD 12700 VISTA PINE CIRCLE FT MYERS, FL 33913
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 04/25/05-80066-013 150.00

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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: Edward J. Ryan Date: 5-1-05 Daytime Phone #: 239-225-7376
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR