


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90027 022 \*\*\*150.00

**DOCUMENT # P06000152519**

1. Entity Name  
**JB FITNESS GROUP, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>2730 PARK STREET<br/>         JACKSONVILLE, FL 32205</b> | Mailing Address<br><b>2730 PARK STREET<br/>         JACKSONVILLE, FL 32205</b> |
|--|--|

**40116429**



|  |                    |
|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|--|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

05072007 Chg-P CR2E034 (12/06)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>20-8032260</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

**6. Name and Address of Current Registered Agent**

**HILL, DEBRA S  
 8834 GOODBYS EXECUTIVE DRIVE  
 SUITE A  
 JACKSONVILLE, FL 32217**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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) DATE

**FILE NOW!!! FEE IS \$550.00  
 Due by September 14, 2007**

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

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PS<br>BELZ, JANE<br>2730 PARK STREET<br>JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Jane Belz Jane Belz 5/14/07 904 388-8605  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**ATTACHMENT**

40116429

Department of State  
Division of Corporations  
Annual Reports  
P.O. Box 6327  
Tallahassee, FL 32314

May 2, 2007

Re: Document #P06000152519

To: Division of Corporations:

I spent seven hours attempting to process my annual report information on May 1. Apparently your system was unable to handle the volume of customers also trying to beat the deadline as it would not allow me to either complete the online application or even print out a copy to take to the post office. On one screen alone I clicked on the back button over 200 times, to no avail.

I am still unable to print out a corporate report. I also have been unable to get through on the phone. At this point I am enclosing the following:


1. A copy of the e-mail sent the evening of May 1 indicating my frustration with your inadequate computer system.
2. The partial copies of the annual report with the May 1 date printed on them that I was able to print out before the screens froze.
3. My check for \$150.

The only thing that has changed from last year report is I now have a FEID. Everything else remains the same.

As it is your system that was at fault for those of us who were trying to comply with the deadline I trust you will extend some sort of courtesy to us and accept payment without the late fee. If you still need more information from me please contact me at (904) 388-8605.

I appreciate your assistance.

Sincerely,

  
Jane Belz  
President

ATTACHMENT ~~77-006000152579~~ 40116429

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PS
Name (Last, First, Middle, Title) BELZ JANE

- OR -

Entity Name to serve as Officer/Director

Street Address 2730 PARK STREET

City, State JACKSONVILLE FL

Zip Code & Country 32205

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title

ATTACHMENT 40116429

#PO6000152579

Name (Last, First, Middle, Title)

[Redacted Name Field]

- OR -

Entity Name to serve as Officer/Director

[Redacted Entity Name Field]

Street Address

[Redacted Street Address Field]

City, State

[Redacted City, State Field]

Zip Code & Country

[Redacted Zip Code & Country Field]

Title

[Redacted Title Field]

Name (Last, First, Middle, Title)

[Redacted Name Field]

- OR -

Entity Name to serve as Officer/Director

[Redacted Entity Name Field]

Street Address

[Redacted Street Address Field]

City, State

[Redacted City, State Field]

Zip Code & Country

[Redacted Zip Code & Country Field]

Title

[Redacted Title Field]

Name (Last, First, Middle, Title)

[Redacted Name Field]

- OR -

Entity Name to serve as Officer/Director

[Redacted Entity Name Field]

Street Address

[Redacted Street Address Field]

City, State

[Redacted City, State Field]

Zip Code & Country

[Redacted Zip Code & Country Field]

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

[PS]

Officer/Director Signature Jane Belz

[Redacted Signature Field]

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

[Continue] [Reset]

ATTACHMENT 40116429

Title PS  
Officer/Director Signature JANE BELZ

#P060001525/9

Continue

Start Over

---

[Sunbiz Home Page](#)

[Annual Report Help](#)



**ATTACHMENT**  
**Division of Corporations**

40116429

Annual Report

Annual Report Help

Document Number  
**P06000152519**  
Business Entity Name  
**JB FITNESS GROUP, INC.**

FEI Number  20-8032260  
FEI Number Status  Listed Above  Applied For  Not Applicable  
Certificate of Status Desired  Yes  No \$8.75 each  
Election Campaign Financing Trust Fund Contribution  Yes  No

**Principal Place of Business**

Address  2730 PARK STREET  
Suite, Apt. #, etc.   
City, State  JACKSONVILLE  FL  
Zip Code & Country  32205

**Mailing Address**

Address  2730 PARK STREET  
Suite, Apt. #, etc.   
City, State  JACKSONVILLE  FL  
Zip Code & Country  32205

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title)  HILL  DEBRA  S

- OR -

Business to serve as RA

Address (PO Box is not acceptable)  8834 GOODBYS EXECUTIVE DRIVE  
Suite, Apt. #, etc.  SUITE A  
City, State  JACKSONVILLE  FL  
Zip Code & Country  32217  US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

**ATTACHMENT**

40116429

**Division of Corporations**

**Annual Report**

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

**Document Number**  
**Business Entity Name**  
**FEI Number**  
**FEI Number Status**  
**Certificate of Status Desired**  
**Election Campaign Financing Trust Fund Contribution**

P06000152519

JB FITNESS GROUP, INC.

20-0032260

Applied For

No

No

**Principal Place of Business**

**Address** 2730 PARK STREET  
**Suite, Apt. #, etc.**  
**City, State** JACKSONVILLE, FL  
**Zip Code & Country** 32205

**Mailing Address**

**Address** 2730 PARK STREET  
**Suite, Apt. #, etc.**  
**City, State** JACKSONVILLE, FL  
**Zip Code & Country** 32205

**Name and Address of Registered Agent**

**Name (Last, First, Middle, Title)** HILL, DEBRA , S  
**Address** 8834 GOODBYS EXECUTIVE DRIVE  
**Suite, Apt. #, etc.** SUITE A  
**City, State** JACKSONVILLE, FL  
**Zip Code & Country** 32217 US

**Registered Agent Signature**

**Officer/Director Name and Address**

**Title** PS  
**Name (Last, First, Middle, Title)** BELZ, JANE  
**Street Address** 2730 PARK STREET  
**City, State** JACKSONVILLE, FL  
**Zip Code & Country** 32205

ATTACHMENT

Close this window

Print Message

From: <contoursjax@bellsouth.net> Add to Address Book  
Date: 2007/05/01 Tue PM 10:44:43 EST  
To: <corpHELP@dof.state.fl.us>  
Subject: system disabled

H0116429  
~~#P060001525T9~~

Dear Dept. of Corporations:

I am one of probabaly thousands who have spent all day attempting to to file their corporate reports online. Apparently your system was not capable of dealing with such a large volume. I started at 4 p.m. this afternoon and have been unable to either submit the form electronically or print out a form to take to the post office. It is now past 11:30 p.m. and I am giving up and going to bed.

I will attempt to get through via phone tomorrow to see what arrangements have been made for those of us who were uable to be serviced before the deadline.

Jane Belz  
JB Fitness Group Inc  
Document # P06000152519  
904 388-8605