


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90002 024 \*\*\*150.00

DOCUMENT# P94000060351  
1. EntityName  
THEFITNESSSTORE,INC.



PrincipalPlaceofBusiness MailingAddress  
1244 NW 39TH AVE 1244 NW 39TH AVE  
GAINESVILLE, FL 32609 US GAINESVILLE, FL 32609 US

66408599



02252004 NoChg-P CR2E034(10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3276788 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
COHEN, MEIR  
1244 NW 39TH AVE  
GAINESVILLE, FL 32609

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent or trustee if applicable. (NOTE: Registered Agent signature required where in state)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COHEN, MEIR
STREET ADDRESS	1244 NW 39TH AVE
CITY - ST - ZIP	GAINESVILLE, FL 32609
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 and sworn to, that a man or officer or director of the corporation or the receiver or trustee is 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: Meir Cohen Meir Cohen 03.12.04 352-376-2320  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

