

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000028611

FILED
Jan 27, 2004
Secretary of State

Entity Name: ATHLETE'S CHOICE FITNESS CENTER, INC.

Current Principal Place of Business:

12425 N MAIN ST
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

11353 EMUNESS RD.
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 59-3306138 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOEHNE, LON S
14333 BONEY ROAD
JACKSONVILLE, FL 32226 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: HERSEY, KIRSTEN OTTO
Address: 11346 RENNE DRIVE E
City-St-Zip: JACKSONVILLE, FL 32218

Title: T () Delete
Name: OTTO, TIFANY EVAN
Address: 11353 EMUNESS RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: C () Delete
Name: NOLAN, VIRGINIA
Address: 9133 JOOS RD.
City-St-Zip: JACKSONVILLE, FL 32220

Title: MD () Delete
Name: MUSIC, ALFREDINE
Address: 1228 GLENN DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: P () Delete
Name: OTTO, BRENDA G
Address: 11353 EMUNESS RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: OTTO, SCOTT W
Address: 11353 EMUNESS ROAD
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: GREEN, ETHEL
Address: 1130 NOAH RD.
City-St-Zip: JACKSONVILLE, FL 32226

Title: T (X) Change () Addition
Name: BEVILL, TIFANY EVAN
Address: 11353 EMUNESS RD
City-St-Zip: JACKSONVILLE, FL 32226

Title: C (X) Change () Addition
Name: HENDERSON, SHERI
Address: 13432 COLLEN RD.
City-St-Zip: JACKSONVILLE, FL 32218

Title: MD (X) Change () Addition
Name: OLIVER, WANDA
Address: 1103 BLUE HILL DR. NORTH
City-St-Zip: JACKSONVILLE, FL 32218

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA G OTTO

P

01/27/2004

Electronic Signature of Signing Officer or Director

Date