

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000028611

FILED  
May 01, 2006  
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

Title: T ( ) Delete  
Name: BEVILL, TIFANY EVAN  
Address: 15353 YELLOW BLUFF ROAD  
City-St-Zip: JACKSONVILLE, FL 32226

Title: C ( ) Delete  
Name: MUSIC, TROY  
Address: 1228 GLEN DRIVE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: MD ( ) Delete  
Name: HARMAN, KIRSTEN  
Address: 14238 BONEY ROAD  
City-St-Zip: JACKSONVILLE, FL 32226

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

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

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

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

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 Chapter 119, 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: LON S DOEHNE

Electronic Signature of Signing Officer or Director

AGEN

05/01/2006

\_\_\_\_\_ Date