


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000092078  
 1. Entity Name  
 JASPER FITNESS, INC.



Principal Place of Business  
 22 SILVER FOX TRAIL  
 ORMOND BEACH, FL 32174 US

Mailing Address  
 22 SILVER FOX TRAIL  
 ORMOND BEACH, FL 32174 US



04282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-3356180

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ROGERS, THOMAS  
 22 SILVER FOX TRAIL  
 ORMOND BEACH, FL 32174

**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 and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	P
NAME	ROGERS, THOMAS J
STREET ADDRESS	22 SILVER FOX TRAIL
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	V
NAME	ROGERS, ELISA L
STREET ADDRESS	22 SILVER FOX TRAIL
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000354179  
 05/03/05-80096-018 150.00

**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 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 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: Thomas J. ROGERS 4/25/05 386-677-6249  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #