

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000057658

FILED
Apr 26, 2005
Secretary of State

Entity Name: PERSONAL BEST TRAINING, INC.

Current Principal Place of Business:

115 TAMIAMI TRAIL
#4260
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

115 TAMIAMI TRAIL
#4260
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 65-0845700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIEGEL, GLENN N
18501 MURDOCK CIRCLE, #7 304
PORT CHARLOTTE, FL 33948 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: PT () Delete
Name: LIZANA, GWENDOLYN H
Address: 21016 NOWELL AVE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: V () Delete
Name: LIZANA, DENNIS W
Address: 21016 NOWELL AVE
City-St-Zip: PORT CHARLOTTE, FL 33954

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GWENDOLYN H. LIZANA

PT

04/26/2005

Electronic Signature of Signing Officer or Director

Date