

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90003 037 ***150.00

DOCUMENT # F80462

1. Entity Name
LEE'S ATA FITNESS CENTER, INC.



Principal Place of Business
**1013 W 15TH STREET
PANAMA CITY, FL 32401-2043**

Mailing Address
**1013 W 15TH STREET
PANAMA CITY, FL 32401-2043**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07162004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2189498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEE, SOON HO
1013 W. 15TH STREET
PANAMA CITY, FL 32401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T
LEE, AARON D ☒ Delete
STREET ADDRESS
1013 W 15TH STREET
CITY-ST-ZIP
PANAMA CITY, FL 00000, 32401

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
LEE, SOON HO ☐ Delete
STREET ADDRESS
1013 W 15TH STREET
CITY-ST-ZIP
PANAMA CITY, FL 00000,

President ☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BOTTOR, CAROLYN F ☒ Delete
STREET ADDRESS
6116 N. STAR DR
CITY-ST-ZIP
PANAMA CITY, FL 32404

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/1/04