

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H12445

FILED
Jul 05, 2004
Secretary of State

Entity Name: GREEN ACRES MEDICAL EXERCISE CONSULTANTS, INC.

Current Principal Place of Business:

3127 INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH, FL 32124

New Principal Place of Business:

Current Mailing Address:

4709 VAN KLEECK DRIVE
NEW SMYRNA BEACH, FL 321694208

New Mailing Address:

FEI Number: 59-2465348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TAYLOR, RICHARD W
112 NORTH FLORIDA AVENUE
DELAND, FL 32720

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: VP () Delete
Name: FULTON, MICHAEL N.,
Address: 4709 VAN KLEECK DR
City-St-Zip: NEW SMYRNA BCH, FL

Title: P () Delete
Name: FULTON, NANCY J
Address: 4709 VAN KLEECK DRIVE
City-St-Zip: NEW SYMRNA BEACH, FL

Title: AST () Delete
Name: FULTON, CHRIS
Address: 4709 VAN KLEECK
City-St-Zip: NEW SYMRNA BEACH, FL

Title: S () Delete
Name: FULTON, BRENT
Address: 621 CORONA
City-St-Zip: WINSTON SALEM, NC

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:

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: CHRIS FULTON

AST

07/05/2004

Electronic Signature of Signing Officer or Director

Date