## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 18, 2005 08:00 AM Secretary of State

	AMIOAL	NLF ON I			_ Jui 10, 2	AND DO: OU AIN
DOCUMENT # H13893  1. Entity Name			ST 30			etary of State
	ODY FITNESS CARE, INC.					
Principal Plac	ce of Business	Mailing Address				
6600 MANA		3114 40TH AVE W.				
BRADENTO	N, FL 34209 US	BRADENTON, FL 34205	US			
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				07062005	No Chg-P	CR2E034 (10/03)
	O NOT WRITE	IN THIS SPA		4. FEI Numb		Applied For
					PPLICABLE	Not Applicable
				5. Certificate	e of Status Desired	Fee Required
	6. Name and Address of Current R	egistered Agent				
JACKSON 3114 40TI	I, JAY DEE		india o o irk () Tirririn   idd	DO	<b>NOT WF</b>	NE
	TON, FL 34205				THIS SPA	\$600 \$0.00,000 (100 \$1.00,000 110 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.0
8. The above	named entity submits this statement for t	he purpose of changing its regist	ered office or register	ed agent, or bo	th, in the State of Florio	la. I am familiar with, and accept
the obliga	tions of registered agent.				•	•
SIGNATURE			ered Agent signature required	Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Fir Trust Fund Contributio			in accordance with corporation did no	n s. 607.193(2)(b), F.S., the t receive the prior notice.
10.	OFFICERS AND D	RECTORS	-1-1-6-6-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
TITLE NAME	P JACKSON, JAY D					
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CITY-ST-ZIP	BRADENTON, FL 34205					
NAME					agasa asasasaa ayaa	
STREET ADDRESS						73264
CITY-ST-7IP					07/18/05-	73266 6669 <sup>6</sup> 001 150.00
CITY-ST-ZIP					01/18/05	73256 10003-001 150.00
TITLE NAME					07/18/02	73266 8809 <sup>6</sup> 001 150:00
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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: X

STREET ADDRESS CITY-ST-ZIP

ICHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7///05 Pate

Daytime Phone #