

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H27613

1. Entity Name
PREMIER HEALTH AND FITNESS CENTER, INC.



Principal Place of Business
3521 MACLAY BLVD.
TALLAHASSEE, FL 32312 US

Mailing Address
3521 MACLAY BLVD.
TALLAHASSEE, FL 32312 US

FILED
07 APR 30 AM 10:45
CLERK OF STATE
TALLAHASSEE, FLORIDA



03212007 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-2471569

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GIUDICE, WILLIAM A.
3521 MACLAY BLVD.
TALLAHASSEE, FL 32312

**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

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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
O'BRYANT, MARK
1300 MICCOSUKEE ROAD
TALLAHASSEE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
GIUDICE, WILLIAM A
1300 MICCOSUKEE RD
TALLAHASSEE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400101585134
05/04/07--01020--009 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

William A. Giudice 4/30/07 850-431-5238

Date

Daytime Phone #