


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90187 001 ***300.00

DOCUMENT # H77197 1. Entity Name AMERICAN HEALTH AND FITNESS, INC.					
Principal Place of Business 2203 BECK AVE APT 8-E PANAMA CITY, FL 32405			Mailing Address 2203 BECK AVE APT 8-E PANAMA CITY, FL 32405		
2. Principal Place of Business 612 E 24th Street		3. Mailing Address P.O. Box 31			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Lynn Haven, FLA		City & State Lynn Haven, FLA		4. FEI Number 59-2582070	
Zip 32444		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPORER, PATRICK S. 2203 BECK AVE APT 8-E PANAMA CITY, FL 32405			7. Name and Address of New Registered Agent Name SPORER, Patrick S. Street Address (P.O. Box Number is Not Acceptable) 612 E 24th Street City Lynn Haven FL Zip Code 32444		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPORER, PATRICK S. 2203 BECK AVE APT 8-E PANAMA CITY, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPORER, Patrick S. 612 E 24th Street Lynn Haven, FLA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date _____ Daytime Phone # _____</small>					