

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-03-2005 90028 015 ***158.75

40011421



01262005 Chg-P CR2E034 (10/03)

DOCUMENT # K86838 1. Entity Name TBT GYM, INC.			
Principal Place of Business 205 N GARDEN AVE CLEARWATER, FL 33755 US		Mailing Address 1475 BLANTON LANE CLEARWATER, FL 33756 US	
2. Principal Place of Business 1710 N. HERCULES AVE Suite, Apt. #, etc. 109 City & State CLEARWATER, FL Zip 33755 Country U.S.		3. Mailing Address 801 WOOD DR Suite, Apt. #, etc. City & State CLEARWATER FL Zip 33755 Country US	
4. FEI Number 59-2954888		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent FRISINA MARK 100 HAMPTON BD #287 CLEARWATER, FL 33759	
7. Name and Address of New Registered Agent Name Jason Leeb Street Address (P.O. Box Number is Not Acceptable) 801 Wood Dr City Clearwater FL Zip Code 33755		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 <u><i>Jason Leeb</i></u> <u><i>Judith J Leeb</i></u> <u>1/26/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE</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 P NAME FRISINA, MARK FRANCIS STREET ADDRESS 1475 BLANTON LANE CITY-ST-ZIP CLEARWATER, FL 33756	<input checked="" type="checkbox"/> Delete	TITLE P NAME JUDITH LEEB STREET ADDRESS 801 WOOD DR CITY-ST-ZIP CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME FRISINA, DEBORAH SUE STREET ADDRESS 1475 BLANTON LANE CITY-ST-ZIP CLEARWATER, FL 33756	<input checked="" type="checkbox"/> Delete	TITLE VP NAME JASON LEEB STREET ADDRESS 1710 N HERCULES AVE CITY-ST-ZIP CLEARWATER, FL 33755	<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
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
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
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: <u><i>Jason Leeb</i></u> <u><i>Judith J Leeb</i></u> <u>1/26/05</u> <u>727-446-1900</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			