2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L47126

Entity Name
SHAPES FAMILY FITNESS, INC.

Principal Place of Business
14499 N DALE MABRY
SUITE 135
TAMPA, FL 33618 US

Mailing Address
14499 N DALE MABRY
SUITE 135
TAMPA, FL 33618 US

01192006 No Chg-P CR2E034 (11/05)

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4. FEI Number
31-1291063
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GIBBONS, TUCKER, MILLER, WHATLEY & STEIN
101 E. KENNEDY BLVD., SUITE 1000
TAMPA, FL 33602

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7. 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 _____ DATE
Signature, (typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

OFFICERS AND DIRECTORS

TITLE	OST
NAME	KARSHNER, ROBERT L.
STREET ADDRESS	14999 N DALE MABRY
CITY-ST-ZIP	TAMPA, FL 33634,
TITLE	DV
NAME	JULIEN, VINCE
STREET ADDRESS	18716 63RD AVE EAST
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	DP
NAME	KARSHNER, JACK A.
STREET ADDRESS	27730 PINE POINT DR
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/06-80080-023 150.00

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10. 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: Jack A. Karshner, Pres 1-19-06 813-426-3066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #