

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L92397

1. Entity Name
PROFESSIONAL FITNESS MANAGEMENT, INC.



Principal Place of Business 2338 E SEMORAN BLVD APOPKA, FL 32703	Mailing Address 2338 E SEMORAN BLVD APOPKA, FL 32703
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DO NOT WRITE IN THIS SPACE



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3019576	Applied For Not Applicable
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5. Certificate of State's Dues **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MEEKS, HARRY D.
2338 E. SEMORAN BLVD.
APOPKA, FL 32703**

DO NOT WRITE IN THIS SPACE

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 (printed name of registered agent and state of approval) (NOTE: Registered Agent signature required when withdrawal)

**FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

8. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PCD MEEKS, HARRY D 2338 E SEMORAN BLVD APOPKA, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TOV MEEKS, ROBERT W 2338 E SEMORAN BLVD. APOPKA, FL
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05/04/04-80137-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 info empowered.

SIGNATURE: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR