

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2006 08:00 AM
Secretary of State

DOCUMENT # M69614

1. Entity Name
COLLEGE PARK GYM, INC.



Principal Place of Business
**1311 EDGEWATER DR.
ORLANDO, FL 32804 US**

Mailing Address
**1216 EDGEWATER DR.
ORLANDO, FL 32804 US**



06302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2888444	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CLARK, JEFF B.
105 E. ROBINSON ST.
SUITE 301
ORLANDO, FL 32801**

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

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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 GORDY, BRUCE C 1216 OVERBROOK DR. ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, SAMUEL P 825 SEVILLE PL. ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCALL, GARY 3103 ARDSLEY DR. ORLANDO, FL 32804
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07/05/06-80002-004 550.00

**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

Date **6/30/06** Daytime Phone #