

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90200 003 ***150.00

DOCUMENT # **M97936**
1. Entity Name
AEROBIC WEAR AT THE SQUARE, INC.



DO NOT WRITE IN THIS SPACE

40069824

CR2E034B (8/05)

2. Principal Place of Business
623 OAKFIELD DRIVE
Suite, Apt. #, etc.

3. Mailing Address
623 OAKFIELD DRIVE
Suite, Apt. #, etc.

City & State
BRANDON, FL

City & State
BRANDON, FL

4. FEI Number
65-0078585

Applied For
Not Applicable

Zip
33511

Country
US

Zip
33511

Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JOE COLLERA JR.

Street Address (P.O. Box Number is Not Acceptable)
3333 W. KENNEDY BLVD.

SUITE #101

City
TAMPA

FL

Zip Code
33609

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

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
POST
SANDRA WYSONG
12404 SHADOW RUN BLVD.
RIVERVIEW, FL 33569

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
PAUL R. WYSONG, JR.
1519 PORTSMOUTH LAKE DR.
BRANDON, FL 33511

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Sandra Wyson** **Sandra Wyson** **President** **813-684-2458**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #