

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90026 040 ***150.00

DOCUMENT # P00000004263

1. Entity Name
ELITE BODY CONCEPTS, INC.



Principal Place of Business
**3438-19 EAST LAKE ROAD
PALM HARBOR, FL 34685**

Mailing Address
**3438-19 EAST LAKE ROAD
PALM HARBOR, FL 34685**

94040052



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3615811

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LA BUA, MICHAEL
3438-19 EAST LAKE ROAD
PALM HARBOR, FL 34685**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | PD |
| NAME | LA BUA, MICHAEL |
| STREET ADDRESS | 255 DOLPHIN POINT # 908 |
| CITY-ST-ZIP | CLEARWATER BEACH, FL 33767 |
| TITLE | VD |
| NAME | LA BUA, DOREEN |
| STREET ADDRESS | 255 DOLPHIN POINT # 908 |
| CITY-ST-ZIP | CLEARWATER BEACH, FL 33767 |
| TITLE | STD SD |
| NAME | ORA, MEL MORRIS, BENNY |
| STREET ADDRESS | 3438-19 EAST LAKE ROAD |
| CITY-ST-ZIP | PALM HARBOR, FL 34685 |
| TITLE | D |
| NAME | MAKRIS, PETER |
| STREET ADDRESS | 2110 DREW STREET |
| CITY-ST-ZIP | CLEARWATER, FL 33765 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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 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

Daytime Phone #