

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00000053819

1. Entity Name
RIVIERA FITNESS CENTER OF FT. WALTON, INC.



Principal Place of Business
**99 EGLIN PKWY, STE 1-C
FT. WALTON BEACH, FL 32548**

Mailing Address
**RIVIERA FITNESS CENTER
4725 SOUTH HOLLADAY BLVD #220
SALT LAKE CITY, UT 84117**



02222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1821992

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RAGAS, JULIE
99 EGLIN PARKWAY #1C
FORT WALTON BEACH, FL 32548**

**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, 2005 Fee will be \$550.00**

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
RICE, REYNOLD T
4725 SO. HOLLADAY BLVD STE 220
SALT LAKE CITY, UT 84117**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
RICE, SCOTT L
4725 SO. HOLLADAY BLVD STE 220
SALT LAKE CITY, UT 84117**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
DICKENS, MARK
6235 N. DAVIS HWY S-108
PENSACOLA, FL 32504**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
RICE, ROBERT L
4725 SOUTH HOLLADAY BLVD STE 220
SALT LAKE CITY, UT 84117**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100000284769
04/02/05-80018-011 150.00

**DO NOT WRITE
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:

Scott L Rice SEC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/05
Date

801 212 5217
Daytime Phone #