


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P00000053819 1. Entity Name RIVIERA FITNESS CENTER OF FT. WALTON, INC. |  |
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| 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 |
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01202006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 62-1821992 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent RAGAS, JULIE 99 EGLIN PARKWAY #1C FORT WALTON BEACH, FL 32548 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 | |

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02/08/06-80081-008 150.00

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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:  1-25-06 801-272-5277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #