

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000053819

FILED  
Jan 12, 2010  
Secretary of State

**Entity Name:** RIVIERA FITNESS CENTER OF FT. WALTON, INC.

**Current Principal Place of Business:**

99 EGLIN PARKWAY #1C  
FT. WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

RIVIERA FITNESS CENTER  
4725 S HOLLADAY BLVD #220  
SALT LAKE CITY, UT 84117

**New Mailing Address:**

4725 S HOLLADAY BLVD #220  
SALT LAKE CITY, UT 84117

**FEI Number:** 62-1821992

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RICE, REYNOLD T  
Address: 4725 SO. HOLLADAY BLVD STE 220  
City-St-Zip: SALT6 LAKE CITY, UT 84117

Title: ST  
Name: RICE, SCOTT L  
Address: 4725 SO. HOLLADAY BLVD STE 220  
City-St-Zip: SALT6 LAKE CITY, UT 84117

Title: VP  
Name: RAGAS, JULIE  
Address: 99 EGLIN PARKWAY #1C  
City-St-Zip: FORT WALTON BEACH, FL 32548

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** REYNOLD T RICE

P

01/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date