


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91225 023 \*\*\*158.75

<b>DOCUMENT # P00000073465</b>		
1. Entity Name <b>DOLPHIN SWIM &amp; FITNESS, INC.</b>		
Principal Place of Business <b>119 SE 30TH AVENUE BOYNTON BEACH FL 33435</b>		Mailing Address <b>119 SE 30TH AVENUE BOYNTON BEACH FL 33435</b>
2. Principal Place of Business <b>119 SE 30th Ave.</b>	3. Mailing Address <b>119 SE 30th Ave.</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City and State <b>Boynton Beach, FL</b>	City and State <b>Boynton Beach, FL</b>	
Country <b>USA</b>	Zip <b>33435</b>	Country <b>USA</b>
Registered Agent <b>BOYNTON BEACH FL 33435</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code



MOORE CR2E034 (11/03)

4. FEI Number **65-1027072** Applied For  
Not Applicable

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

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 Mary E. Demicco No change  
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**  
**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DEMICCO, MARY E 119 SE 30TH AVENUE BOYNTON BEACH FL 33435</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Mary E. Demicco 4/26/04 561-740-7631  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #