2004 FOR PROFIT CORPORATION **ANNUAL REPORT** 

## DOCUMENT # P00000106796

1. Entity Name

AMERICAN FITNESS SERVICES, INC.

**FILED** Feb 02, 2004 08:00 AM Secretary of State

Principal Place of Business

116 SOUTH SEMORAN BLVD WINTER PARK, FL 32792

Mailing Address

116 SOUTH SEMORAN BLVD WINTER PARK, FL 32792

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5. Name and Address of Current Registered Agent

01272004

No Chg-P

CR2E034 (10/03)

4. FEI Number 52-3685718

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

MENIZIES, PATRICIA 116 SOUTH SEMORAN BLVD WINTER PARK, FL 32792

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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 algorithms required when retroducings DA15		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000031471 02/04/04-80149-015 150.00
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ESAW, COLIN 116 SOUTH SEMORAN BLVD WINTER PARK, FL 32792				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENZIES, PATRICIA 116 SOUTH SEMORAN BLVD WINTER PARK, FL 32792				
TITLE NAME STREET ACCRESS CITY-ST-ZIP					NO): WRHE
TITLE NAME STREET ADDRESS OTTY-51-ZIP				, in	THIS SPACE:
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i) Florida Statutos 15 other certify that the information					

Hereby Castly and the institution supplied were institute does not quality 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 onth; 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.