## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000115881

Entity Name: HEART THROB FITNESS, INC

CARBEAU, WILLIAM C

NAPLES, FL 34109

9637 WILSHIRE LAKES BLVD

Name:

Address:

City-St-Zip:

FILED Feb 21, 2004 Secretary of State

Entity Na	Me: HEART	THROB FITNESS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2362 IMMOKALEE RD NAPLES, FL 34110			696 POMPANO DR. NAPLES, FL 34110		
Current Mailing Address:			New Mailing Address:		
696 POMF NAPLES, I	PANO DRIVE FL 34110				
FEI Number	: 59-3691348	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
LAMEY, LE 696 POMF NAPLES, I	PANO DR	JS			
The above in the State	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P ( LAMEY, LEE A 696 POMPANO NAPLES, FL (	D DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CARBEAU, KA	LAKES BLVD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T ( LAMEY, DANII 696 POMPANO NAPLES, FL (	D DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S (	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LEE A LAMEY PRES 02/21/2004