

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000115881

1. Entity Name
HEART THROB FITNESS, INC.



Principal Place of Business
**696 POMPANO DR.
NAPLES, FL 34110**

Mailing Address
**696 POMPANO DRIVE
NAPLES, FL 34110**



01162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3691348	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LAMEY, LEE A
696 POMPANO DR
NAPLES, FL 34110**

**DO NOT WRITE
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

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, 2005 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 LAMEY, LEE A 696 POMPANO DR NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CARBEAU, KAREN D 9637 WILHIRE LAKES BLVD NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LAMEY, DANIEL T 696 POMPANO DR NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CARBEAU, WILLIAM C 9637 WILSHIRE LAKES BLVD NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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100000242804
2/25/05-80014-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Lee A. Lamey
Lee A. Lamey

2/23/05
2/23/05

239-593-8121
239-593-8121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #