2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004
Secretary of State

DOCUMENT# P01000022180

Entity Name: G & H FITNESS, INC.

Current Principal Place of Business:

1241 N SEMORAN BOULEVARD
CASSELBERRY, FL 32707

New Principal Place of Business:

204 SAUSALITO BLVD
CASSELBERRY, FL 32707

Current Mailing Address:

1241 N SEMORAN BOULEVARD
CASSELBERRY, FL 32707

New Mailing Address:

1015 CINAMON FERN COURT
CASSELBERRY, FL 32707

FEI Number: 59-3704591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIM, WILLIAM T III
1110 DOUGLAS AVENUE, SUITE 1002
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

HINES, SAMUEL T
1015 CINAMON FERN COURT
CASSELBERRY, FL 32707 US

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: SAMUEL T. HINES 02/11/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GRIM, WILLIAM T III
Address: 1241 N SEMORAN BOULEVARD
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete
Name: HINES, SAMUEL T
Address: 1241 N SEMORAN BOULEVARD
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HINES, SAMUEL T
Address: 1015 CINAMON FERN COURT
City-St-Zip: CASSELBERRY, FL 32707

Title: D (X) Change ( ) Addition
Name: RICKS, EDWARD A II
Address: 1008 GRIER AVENUE
City-St-Zip: ORLANDO, FL 32804

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.

SIGNATURE: SAMUEL T. HINES PRES 02/11/2004
Electronic Signature of Signing Officer or Director Date