

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000035126**

1. Entity Name

CHARLOTTE HEALTH & FITNESS CENTER, INC.



Principal Place of Business

3250 LOVELAND BOULEVARD  
PORT CHARLOTTE, FL 33980

Mailing Address

3250 LOVELAND BOULEVARD  
PORT CHARLOTTE, FL 33980



02282004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-1093375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

IDEWU, OLAWALE  
3250 LOVELAND BOULEVARD  
PORT CHARLOTTE, FL 33980

**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, 2004 Fee will be \$650.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000090338  
03/17/04-80012-022 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME IDEWU, OLAWALE  
STREET ADDRESS 3250 LOVELAND BOULEVARD  
CITY-ST-ZIP PORT CHARLOTTE, FL 33980

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(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:** IDEWU, OLAWALE

03-12-04 (941) 235-2131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #