

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000035126

1. Entity Name  
CHARLOTTE HEALTH & FITNESS CENTER, INC.



**FILED  
May 02, 2006 8:00 am  
Secretary of State**

05-02-2006 90430 025 \*\*\*150.00

Principal Place of Business  
3250 LOVELAND BOULEVARD  
PORT CHARLOTTE, FL 33980

Mailing Address

3250 LOVELAND BOULEVARD  
PORT CHARLOTTE, FL 33980

2. Principal Place of Business

3. Mailing Address

2400 Harbor Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 14

City & State

City & State

Port Charlotte FL

Zip

Country

Zip

33952

Country

USA

04282006 Chg-P CR2E034 (11/05)

4. FEI Number

65-1093375

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Name

IDEWU, OLAWALE  
3250 LOVELAND BOULEVARD  
PORT CHARLOTTE, FL 33980

Street Address (P.O. Box Number is Not Acceptable)

2400 Harbor Blvd

Suite 14

City

Port Charlotte

FL

Zip Code

33952

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, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IDEWU, OLAWALE 3250 LOVELAND BOULEVARD PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-06

Date

Daytime Phone #