


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90046 042 ***150.00

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| DOCUMENT # P01000066580 1. Entity Name KM FITNESS, INC. |  |
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|---|---|
| Principal Place of Business 1740 S. CONGRESS AVE LAKE WORTH, FL 33461 | Mailing Address 1740 S. CONGRESS AVE LAKE WORTH, FL 33461 |
|---|---|

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01192005 No Chg-P CR2E034 (10/03)

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|--|-------------------------------|
| 4. FEI Number 65-1118690 | 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

LANGOLF, MICHAEL
344 S COUNTRY CLUB DR
LANTANA, FL 33462

**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 obligation of a registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)
DATE: 1/26/05

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 | DV LANGOLF, KAREN F 344 S COUNRTY CLUB DR LANTANA, FL 33462 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP LANGOLF, MICHAEL 344 S COUNTRY CLUB DR LANTANA, FL 33462 |
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**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)(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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MICHAEL A. LANGOLF, PRESIDENT
DATE: 1/26/05 DAYTIME PHONE #: 561 965-7711