

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # P01000067199

**1. Entity Name
INTENSE GYMNASTICS AND FITNESS, INC.**



**Principal Place of Business
720 NE 25TH AVE
25
CAPE CORAL, FL 33909**

**Mailing Address
720 NE 25TH AVE
25
CAPE CORAL, FL 33909**



02172006 No Chg-P CR2E034 (11/05)

**4. FEI Number
65-1122488**

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

**DIRENZO, GREGORIO
1110 PINE ISLAND ROAD
SUITE 22
CAP CORAL, FL 33909**

**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 fee 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

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DIRENZO, MATTHEW
3016 S.E. 22PLACE
CAPE CORAL, FL 33904**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
DIRENZO, BEVERLY
3016 S.E. 22 PLACE
CAPE CORAL, FL 33904**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
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CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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03/07/06 80060-002 158.75

**DO NOT WRITE
IN THIS SPACE**

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 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

Date

Daytime Phone #

2/17/06