

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 02, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P02000013351**

1. Entity Name  
**RIVIERA FITNESS OF NORTHWEST FLORIDA, INC.**



Principal Place of Business

**2500 S. FERDON  
CRESTVIEW, FL 32536**

Mailing Address

**4725 SOUTH HOLLADAY BLVD  
220  
SALT LAKE CITY, UT 84117**



02222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0621737**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RAGAS, JULIE  
99 EGLIN PARKWAY #1C  
FORT WALTON BEACH, FL 32548**

**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, 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	P
NAME	RICE, REYNOLD T
STREET ADDRESS	4725 SO. HOLLADAY BLVD. #220
CITY-ST-ZIP	SALT LAKE CITY, UT 84117
TITLE	ST
NAME	RICE, SCOTT L
STREET ADDRESS	4725 SO. HOLLADAY BLVD. #220
CITY-ST-ZIP	SALT LAKE CITY, UT 84117
TITLE	VP
NAME	RAGAS, JULIE
STREET ADDRESS	99 EGLIN PARKWAY #1C
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000284759  
04/02/05-80018-003 150.00

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SEL SCOTT L. Rice 3/30/05**

Date

Daytime Phone #

**81 2725217**