2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000026084

1. Entity Name

PATSCOTT FITNESS, INC.

Principal Place of Business
4300 KINGS HWY., UNIT A
PORT CHARLOTTE FL 33980

Mailing Address
4300 KINGS HWY., UNIT A
PORT CHARLOTTE FL 33980

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 65-0981106 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUGDEN, SCOTT
3046 GULL PL.
CLEARWATER FL 33762

7. Name and Address of New Registered Agent

Name
Street Address (P.O Box Number is Not Acceptable)
City **FL** Zip Code

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	PS	☐ Delete	TITLE	U00000405344 02/07/06-80037-009 150.00	☐ Change ☐ Addition
NAME	SUGDEN, SCOTT		NAME		
STREET ADDRESS	4300 KINGS HWY., UNIT A		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33980		CITY-ST-ZIP		
TITLE	VT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PIPER, PAT		NAME		
STREET ADDRESS	4300 KINGS HWY., UNIT A		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33980		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Scott Sugden 01-27-06 (941) 627-5704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #