

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90044 043 \*\*\*150.00

|                                                 |                                                                                   |
|-------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P02000026084</b>                  |  |
| 1. Entity Name<br><b>PATSCOTT FITNESS, INC.</b> |                                                                                   |

|                                                                                           |                                                                               |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Principal Place of Business<br><b>4300 KINGS HWY., UNIT A<br/>PORT CHARLOTTE FL 33980</b> | Mailing Address<br><b>4300 KINGS HWY., UNIT A<br/>PORT CHARLOTTE FL 33980</b> |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|



|                                                                             |                                                 |
|-----------------------------------------------------------------------------|-------------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><b>1000 Tamiami Trail</b> | 3. Mailing Address<br><b>1000 Tamiami Trail</b> |
| Suite, Apt. #, etc.                                                         | Suite, Apt. #, etc.                             |

1st MOORE CR2E034 (10/07)

|                                          |                                          |                                                           |                                         |
|------------------------------------------|------------------------------------------|-----------------------------------------------------------|-----------------------------------------|
| City & State<br><b>Port Charlotte FL</b> | City & State<br><b>Port Charlotte FL</b> | 4. FEI Number<br><b>65-0981106</b>                        | Applied For<br><input type="checkbox"/> |
| Zip<br><b>33953</b>                      | Country<br><b>USA</b>                    | 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required   |

|                                                                                                                   |                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><b>SUGDEN, SCOTT<br/>3046 GULL PL.<br/>CLEARWATER FL 33762</b> | 7. Name and Address of New Registered Agent<br>Name: <b>Scott Sugden</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>540 Carillon Pkwy Apt 2010</b><br>City <b>St. Pete</b> <b>FL</b> Zip Code <b>33716</b> |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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.

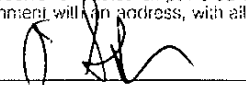
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when name change) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PS<br>SUGDEN, SCOTT<br>4300 KINGS HWY., UNIT A<br>PORT CHARLOTTE FL 33980 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>PIPER, PAT<br>4300 KINGS HWY., UNIT A<br>PORT CHARLOTTE FL 33980 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>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 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** **01-22-08** **(727) 627-5580**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designated Person #