2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 8:00 am
Secretary of State
01-28-2008 90044 043 ***150.00

DOCUMENT # **P02000026084**

1. Entity Name

PATSCOTT FITNESS, INC.

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

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1000 Tamiami Trail	100 Tamiami Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Charlotte FL	City & State: Port Charlotte FL
Zip: 33953 Country: USA	Zip: 33953 Country: USA

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: Scott Sugden
Street Address (P.O. Box Number is Not Acceptable): 540 Carillon Pkwy Apt 2010
City: St. Pete FL Zip Code: 33716

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, 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

TITLE	PS	☐ Delete
NAME	SUGDEN, SCOTT	
STREET ADDRESS	4300 KINGS HWY., UNIT A	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	VT	☐ Delete
NAME	PIPER, PAT	
STREET ADDRESS	4300 KINGS HWY., UNIT A	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
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 01-22-08 (727) 627-5580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #