

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000034294

1. Entity Name  
GET FIT ENTERPRISES, INC.



Principal Place of Business  
14255 BEACH BLVD  
JACKSONVILLE, FL 32250

Mailing Address  
14255 BEACH BLVD  
JACKSONVILLE, FL 32250



04222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0647312

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PANNOZZO, VINCE  
14255 BEACH BLVD  
JACKSONVILLE, FL 32250

**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY- ST- ZIP	PD DEVINCENT, ROBERT 4510 COQUINA DR JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD PANNOZZO, VINCE 2042 HUNTINGTON CIR E JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD SOLOMON, GEORGE 8064 HOLLY RDGE RD. JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD SOLOMON, DOUGLAS 8064 HOLLY RIDGE RD JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000348786  
05/02/05-80037-021 150.00

**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 19.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Douglas Solomon* 4/29/05 904-223-0825

Daytime Phone #