

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90164 007 ***150.00

DOCUMENT # P02000042799					
1. Entity Name COMMERCIAL FITNESS, INC.					
Principal Place of Business 4383 NW 124 AVENUE CORAL SPRINGS, FL 33065			Mailing Address 4383 NW 124 AVENUE CORAL SPRINGS, FL 33065		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0422871	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DURNING, BRIAN 720 S.W. 111TH AVENUE PEMBROKE PINES, FL 33025				Name: <u>Durning, Brian</u> Street Address (P.O. Box Number is Not Acceptable): <u>2916 Bayview Drive N.</u> City: <u>Fort Lauderdale</u> FL Zip Code: <u>33306</u>	
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: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>				DATE: <u>05/01/04</u>	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: <u>P</u> <input type="checkbox"/> Delete NAME: <u>DURNING, BRIAN</u> STREET ADDRESS: <u>2916 BAYVIEW DR. N.</u> CITY-ST-ZIP: <u>FORT LAUDERDALE, FL 33306</u>	TITLE: <u> </u> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <u> </u> STREET ADDRESS: <u> </u> CITY-ST-ZIP: <u> </u>				
TITLE: <u> </u> <input type="checkbox"/> Delete NAME: <u> </u> STREET ADDRESS: <u> </u> CITY-ST-ZIP: <u> </u>	TITLE: <u> </u> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <u> </u> STREET ADDRESS: <u> </u> CITY-ST-ZIP: <u> </u>				
TITLE: <u> </u> <input type="checkbox"/> Delete NAME: <u> </u> STREET ADDRESS: <u> </u> CITY-ST-ZIP: <u> </u>	TITLE: <u> </u> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <u> </u> STREET ADDRESS: <u> </u> CITY-ST-ZIP: <u> </u>				
TITLE: <u> </u> <input type="checkbox"/> Delete NAME: <u> </u> STREET ADDRESS: <u> </u> CITY-ST-ZIP: <u> </u>	TITLE: <u> </u> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <u> </u> STREET ADDRESS: <u> </u> CITY-ST-ZIP: <u> </u>				
TITLE: <u> </u> <input type="checkbox"/> Delete NAME: <u> </u> STREET ADDRESS: <u> </u> CITY-ST-ZIP: <u> </u>	TITLE: <u> </u> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <u> </u> STREET ADDRESS: <u> </u> CITY-ST-ZIP: <u> </u>				
TITLE: <u> </u> <input type="checkbox"/> Delete NAME: <u> </u> STREET ADDRESS: <u> </u> CITY-ST-ZIP: <u> </u>	TITLE: <u> </u> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <u> </u> STREET ADDRESS: <u> </u> CITY-ST-ZIP: <u> </u>				
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	