

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90056 006 ***150.00

DOCUMENT # P02000052912

1. Entity Name
PILATES OF BONITA SPRINGS, INC.



Principal Place of Business
**8881 TERRENE CT.
 STE 104
 BONITA SPRINGS, FL 34135**

Mailing Address
**23003 GRASSY PINE DR.
 ESTERO, FL 33928**



2. Principal Place of Business
24820 Burnt Pine dr.

3. Mailing Address

Suite, Apt. #, etc.
Suites 1 + 2

Suite, Apt. #, etc.

City & State
Bonita Springs Fl.

City & State

Zip **34134** Country **Lee**

Zip Country

03262005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**COLYOTT, DIANNA M
 23003 GRASSY PINE DR.
 ESTERO, FL 33928**

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 file #, applicable. (NOTE: Registered Agent signature required when re-registering)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLYOTT, DIANNA M	NAME	DIP Colyott, Dianne M
STREET ADDRESS	23002 GRASSY PINE DR	STREET ADDRESS	23003 Grassy Pine dr.
CITY-ST-ZIP	ESTERO, FL 33928	CITY-ST-ZIP	Estero Fl. 33928
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	VIS Colyott, Joseph B.
STREET ADDRESS		STREET ADDRESS	23003 Grassy Pine dr.
CITY-ST-ZIP		CITY-ST-ZIP	Estero Fl. 33928
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Dianne M. Colyott Dianne M. Colyott 3-26-05 498-3772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #