

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000052912

1. Entity Name
PILATES OF BONITA SPRINGS, INC.



Principal Place of Business
**24820 BURNT PINE DR
SUITES 1 & 2
BONITA SPRINGS, FL 34134**

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



02252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0601849	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000453139
03/14/06-80008-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COLYOTT, DIANNA M
STREET ADDRESS	23003 GRASSY PINE DR
CITY-ST-ZIP	ESTERO, FL 33928

TITLE	VS
NAME	COLYOTT, JOSEPH B
STREET ADDRESS	23003 GRASSY PINE DR
CITY-ST-ZIP	ESTERO, FL 33928

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Dianna M. Colyott **Dianna M Colyott** 2/27/06 239-498-3792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #