


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90480 048 \*\*\*150.00

<b>DOCUMENT # P02000062747</b>		
1. Entity Name <b>RIVIERA FITNESS CENTER OF PENSACOLA, INC.</b>		

Principal Place of Business <b>5330 MOBILE HWY PENSACOLA, FL 32526</b>	Mailing Address <b>4725 S HALLADAY BLVD 220 SALT LAKE CITY, UT 84117</b>
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: 44045303



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04272004 Chg-P CR2E034 (10/03)

City & State	City & State	4. FEI Number <b>47-0873552</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent <b>WHITTEN, RACHEL 6235 N DAVIS HWY, S-1087 PENSACOLA, FL 32504-6974</b>	7. Name and Address of New Registered Agent Name <b>Mark Dickens</b> Street Address (P.O. Box Number is Not Acceptable) <b>6235 N. DAVIS HWY Ste 108</b> City <b>PENSACOLA</b> FL Zip Code <b>32504</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, REYNOLD T 4725 S HOLLADAY BLVD, STE 220 SALT LAKE CITY, UT 84117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, SCOTT L 4725 S HALLADAY BLVD, STE 220 SALT LAKE CITY, UT 84117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mark Dickens 6235 N. DAVIS HWY Ste 108 PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Scott L. Rice** sec 4/27/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #