

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000062747

1. Entity Name
RIVIERA FITNESS CENTER OF PENSACOLA, INC.



Principal Place of Business
5330 MOBILE HWY
PENSACOLA, FL 32526

Mailing Address
4725 S HALLADAY BLVD
220
SALT LAKE CITY, UT 84117



02222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 47-0873552	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

DICKENS, MARY
6235 N DAVIS HWY, STE 108
PENSACOLA, FL 32504

**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, 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	P RICE, REYNOLD T 4725 S HOLLADAY BLVD, STE 220 SALT LAKE CITY, UT 84117
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RICE, SCOTT L 4725 S HALLADAY BLVD, STE 220 SALT LAKE CITY, UT 84117
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DICKENS, MARK 6235 N DAVIS HWY, STE 108 PENSACOLA, FL 32504
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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04/02/05-80018-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

SKL. SCOTT L Rice

3/30/05

801 272 5277

Date

Daytime Phone #