

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 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**



01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0873552

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DICKENS, MARK
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

**U000000617909
02/08/07-80007-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **RICE, REYNOLD T**
STREET ADDRESS **4725 S HOLLADAY BLVD, STE 220**
CITY-ST-ZIP **SALT LAKE CITY, UT 84117**

TITLE **ST**
NAME **RICE, SCOTT L**
STREET ADDRESS **4725 S HALLADAY BLVD, STE 220**
CITY-ST-ZIP **SALT LAKE CITY, UT 84117**

TITLE **VP**
NAME **DICKENS, MARK**
STREET ADDRESS **6235 N DAVIS HWY, STE 108**
CITY-ST-ZIP **PENSACOLA, FL 32504**

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2007
Date

801 212 5217
Daytime Phone #