



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90036 035 ***150.00

DOCUMENT # P02000074941					
1. Entity Name GABE'S PERSONAL FITNESS, INC.					
Principal Place of Business 13618 SHIPWATCH DR JACKSONVILLE, FL 32225			Mailing Address 13618 SHIPWATCH DR JACKSONVILLE, FL 32225		
00000010					
2. Principal Place of Business 13815 Admirals Bend Dr Suite, Apt. #, etc.		3. Mailing Address 13815 Admirals Bend Dr Suite, Apt. #, etc.			
City & State Jacksonville FL		City & State Jacksonville FL		4. FEI Number 06-1638265	
Zip 32225		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEARSON, JILL B 13618 SHIPWATCH DR JACKSONVILLE, FL 32225				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13815 Admirals Bend Drive City Jacksonville FL Zip Code 32225	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEARSON, HUGH G 13618 SHIPWATCH DR JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13815 Admirals Bend Dr Jacksonville, FL 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Jill B Pearson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/3/06</u> <small>Date</small>		
			<small>Daytime Phone #</small>		