

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000135023

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: MY GYM ENTERPRISES OF TAMPA BAY, INC.

**Current Principal Place of Business:**

8304 SUMMER GROVE ROAD  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

8304 SUMMER GROVE ROAD  
TAMPA, FL 33647

**New Mailing Address:**

FEI Number: 30-0137929

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET, 4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: FETTERS, MARK  
Address: 8304 SUMMER GROVE ROAD  
City-St-Zip: TAMPA, FL 33647

Title: DS ( ) Delete  
Name: FETTERS, LAURA  
Address: 8304 SUMMER GROVE ROAD  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK FETTERS

DP

01/07/2008

Electronic Signature of Signing Officer or Director

Date