


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000024093	
1. Entity Name LADIES FITNESS BY MARCIA INC	

Principal Place of Business 8788 S.E. 165 MULBERRY LANE THE VILLAGES, FL 32162 US	Mailing Address 8788 S.E. 165 MULBERRY LANE THE VILLAGES, FL 32162 US
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04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0062134	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CASE, MARCIA E 5300 CR 171 WILDWOOD, FL 34785

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 _____ (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 CASE, MARCIA L 5300 CIR 171 WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASE, MARCIA E 5300 CR 171 WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASE, MARCIA E 5300 CR 171 WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASE, MARCIA E 5300 CR 171 WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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04/15/05-80014-021 150.00

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: Marcia E Case 4-13-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #