

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91240 010 \*\*\*150.00

**DOCUMENT # P03000039837**

1. Entity Name

**TWIST FITNESS FOR WOMEN, INC.**



Principal Place of Business

**25292 RAMPART BLVD  
PUNTA GORDA FL 33983**

Mailing Address

**25292 RAMPART BLVD  
PUNTA GORDA FL 33983**

2. Principal Place of Business

**1441 Tamiami Trail  
Suite, Apt. #, etc. 821**

3. Mailing Address

**25292 Rampart Blvd  
Suite, Apt. #, etc.**

City & State

**Port Charlotte, FL**

City & State

**Punta Gorda, FL**

4. FEI Number

**54-2107963**

Applied For

Not Applicable

Zip

**33448**

Country

**USA**

Zip

**33483**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHLAUFER, CONNIE  
25292 RAMPART BLVD  
PUNTA GORDA FL 33983**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**Connie Schlofer Connie Schlofer**

**4/30/04**

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00** May Be

Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME STANLEY, RAYMOND L  
STREET ADDRESS 8337 CRYSTAL POINTE LANE  
CITY-ST-ZIP INDIANAPOLIS IN 46236 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

**Connie Schlofer Connie Schlofer**

**4/30/04**

**941-743-2348**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #