## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 08, 2006 8:00 am Secretary of State **DOCUMENT # P03000039837** 02-20-2006 90031 048 \*\*\*150.00 TWIST FITNESS FOR WOMEN, INC. Principal Place of Business Maiting Address 66004152 1441 TAMIAMI TRAIL #821 25292 RAMPART BLVD PORT CHARLOTTE, FL 33948 PUNTA GORDA, FL 33983 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. CR2E034 (11/05) 02072008 Cha-P City & State City & State 4. FEI Number Applied For 54-2107963 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHLAFER, CONNIE 25292 RAMPART BLVD Street Address (P.O. Box Number is Not Acceptable) PUNTA GORDA, FL 33983 Zio Code 8. The above named entity submits this statement for the burgose of changing its registered office or registered agent, or both, in the State of Florida. Lam tamiliar with, and accept the ookgations of registered agent Senature, spector printed name of legislated agent and the Tappicable, tROTE, Registered Agont agostize registed when ronstatings DATE FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution. Added to Fees 70. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 De ete Connie Schlafer TITLE . BRE ☐ Change STANLEY, RAYMOND L NAME R-SAIF 25292 Ramport STREET ADORESS **8337 CRYSTAL POINTE LANE** STREET ADDRESS INDIANAPOLIS, IN 46236 33983 CITY-ST-ZIP CITY-ST-ZIP TIRE De ete TIRE ☐ Add1 on NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DIY-ST-ZP De ete TITLE ☐ Change ☐ Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ De ete ONE Change \_ Add'tion LALE KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST - NO TITL F De etc nar Add tion NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P De ete TITLE ☐ Change Add I on WE LAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Fiorida Statutes. I turther certify that the information indicated on this report or suppliemental report is true and accurate and that my's gnature shall have the same legal effect as if made under path; 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:



February 22, 2006

TWIST FITNESS FOR WOMEN, INC. 25292 RAMPART BLVD PUNTA GORDA, FL 33983

Subject: TWIST FITNESS FOR WOMEN, INC.

Reference Number:

P03000039837

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD ANNUAL REPORTS SECTION