

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 26, 2004 8:00 am
Secretary of State

05-03-2004 90439 014 ***150.00

DOCUMENT # P03000043243

1. Entity Name
4 REAL FITNESS, INC.



Principal Place of Business
15096 75TH LANE NORTH
LOXAHATCHEE, FL 33470

Mailing Address
15096 75TH LANE NORTH
LOXAHATCHEE, FL 33470

2. Principal Place of Business
SAME AS ABOVE
Suite, Apt. #, etc.

3. Mailing Address
SAME AS ABOVE
Suite, Apt. #, etc.



04182004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-1182891

Applied For
Not Applicable

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

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

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

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

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME LOGAN, JR., WILLIAM C
STREET ADDRESS 15096 75TH LANE NORTH
CITY-ST-ZIP LOXAHATCHEE, FL 33470

☐ Delete

TITLE
NAME
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #