

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90014 004 \*\*\*150.00

**DOCUMENT # P03000054878**

1. Entity Name

BEV'S WORKOUT EXPRESS, INC.



Principal Place of Business

6900 DANIELS PARKWAY  
SUITE ~~G-10~~ 35  
FORT MYERS FL 33912  
US

Mailing Address

6900 DANIELS PARKWAY  
SUITE ~~G-10~~ 35  
FORT MYERS FL 33912  
US

04018497



MOORE CR2E034 (11/03)

2. Principal Place of Business

6900 DANIELS PARKWAY

Suite, Apt. #, etc.

SUITE 35

City & State

FORT MYERS FL

Zip

33912

Country

US

3. Mailing Address

6900 DANIELS PARKWAY

Suite, Apt. #, etc.

SUITE 35

City & State

FORT MYERS FL

Zip

FL 33912

Country

US

4. FEI Number

78-1667583

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

LEGALZOOM NEVADA INC  
44 W. FLAGLER ST.  
SUITE 675  
MIAMI FL 33130

7. Name and Address of New Registered Agent

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

*Beverly K Stolki*

Beverly R. Stolki, Pres.

3-10-04

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

TITLE	PRES	<input type="checkbox"/> Delete
NAME	STOLKI, BEVERLY R	
STREET ADDRESS	6900 DANIELS PARKWAY, SUITE <del>G-10</del>	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	STOLKI, KENNETH A	
STREET ADDRESS	6900 DANIELS PARKWAY, SUITE <del>G-10</del>	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6900 Daniels Parkway, Suite 35	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6900 Daniels Parkway, Suite 35	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Beverly K Stolki*

Beverly R. Stolki

3/10/04

239-768-9625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #