2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State
09-08-2005 90069 037 ***150.00

DOCUMENT # P03000057929

1. Entity Name
CITY GYM ATHLETIC CLUB, INC.

Principal Place of Business	Mailing Address
320 CENTRAL AVE SAINT PETERSBURG, FL 33701	11650 79 AVE NORTH SEMINOLE, FL 33772

J0000…

07052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
33 6th St. South	850 Village Lake Terr. North
Suite, Apt. #, etc. 100	Suite, Apt. #, etc. 202
City & State St. Petersburg, FL	City & State St. Petersburg FL
Zip 33701 County Pinellas	Zip 33716 County Pinellas

4. FEI Number 68-0556793 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUZMAN, RAQUEL T
11650 79 AVE NORTH
SEMINOLE, FL 33772

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 [signature] 7/6/05
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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete GUZMAN, RAQUEL T ~~11650 79 AVE NORTH~~ 850 Village Lake Terr. N ~~SEMINOLE, FL 33772~~ St. Petersburg FL 33716	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Treasurer ☐ Change ☑ Addition JANE E. LAMARRE 850 Village Lake Terr. North #202 St. Petersburg FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: [signature] 7/6/05 727 898-3302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #