

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000058052

FILED
Apr 30, 2004
Secretary of State

Entity Name: FITNESS REPAIR SOLUTIONS, INC

Current Principal Place of Business:

P. O. BOX 250497
HOLLY HILL, FL 32125 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 250497
HOLLY HILL, FL 32125 US

New Mailing Address:

FEI Number: 59-3773013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERMOILE, JOSEPH L
5790 LAKSIDE DRIVE
1007
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

FERMOILE, JOSEPH L
1756 SOUTH CLYDE MORRIS BOULEVARD
403
DAYTONA BEACH, FL 32119 US

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.

SIGNATURE:

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FERMOILE, JOSEPH L
Address: 5790 LAKESIDE DRIVE #1007
City-St-Zip: MARGATE, FL 33063 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FERMOILE, JOSEPH L
Address: 1756 SOUTH CLYDE MORRIS BOULEVARD #403
City-St-Zip: DAYTONA BEACH, FL 32119 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH FERMOILE

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date