

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90119 034 \*\*\*150.00

DOCUMENT # P03000059965

1. Entity Name  
FITNESS FACTOR, INC.



Principal Place of Business

24845 N.E. HWY 314  
SALT SPRINGS, FL 32134

Mailing Address

24845 N.E. HWY 314  
SALT SPRINGS, FL 32134

**50029422**



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number  
55-0835974

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

JOHNSON, DALE  
14568 N.E. 248TH AVENUE  
SALT SPRINGS, FL 32134

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME JOHNSON, DALE  
STREET ADDRESS 14568 N.E. 248TH AVENUE  
CITY-ST-ZIP SALT SPRINGS, FL 32134

TITLE V  
NAME WINE, CHARLES M  
STREET ADDRESS 146 PINION CIRCLE  
CITY-ST-ZIP ORMOND BEACH, FL 32117

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

3-16-05

Date

352-685-0224

Daytime Phone #