

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90006 035 \*\*\*150.00

**DOCUMENT # P03000082500**

1. Entity Name  
**K. C. FITNESS, INC.**



Principal Place of Business  
**1970 NORTH EAST JENSEN BEACH BLVD.  
JENSEN BEACH, FL 34957**

Mailing Address  
**1937 SW MOORING DRIVE  
PALM CITY, FL 34990**

**54067566**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08052004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**20-0117172**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KILGORE, ROBIN  
1937 SW MOORING DRIVE  
PALM CITY, FL 34990**

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, 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 8, 2004**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
KILGORE, ROBIN  
1937 SW MOORINGS DRIVE  
PALM CITY, FL 34990** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
THOMPSON, SUSAN  
1937 SW MOORINGS DRIVE  
PALM CITY, FL 34990** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *X Robin Kilgore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/5/04*

Date

Daytime Phone #

Attachment  
54067566

August 5, 2004

Division of Corporation  
PO Box 1500  
Tallahassee, FL 32302-1500

RE P03000082500  
20-0117172  
K.C. Fitness, Inc.

Dear Sir or Madam:

Enclosed you will find a copy of my annual report for 2004. I have enclosed a check in the amount of \$150.00 for the annual fee. We had no intention of not filing this annual report, however we did not receive the original forms to file this annual report. I would request that in light of this you would abate the penalty rate and process my check and return my corporation to good standing.

Sincerely,



Robin Kilgore