

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90014 040 ***150.00

DOCUMENT # P03000086507

1. Entity Name

WOMEN'S FITNESS CENTER, INC.



Principal Place of Business

6841 S REPS RIDGE ST
LECANTO, FL 34461

Mailing Address

6841 S REPS RIDGE ST
LECANTO, FL 34461

54037561

2. Principal Place of Business

12997 Cortez Blvd.

Suite, Apt. #, etc.

3. Mailing Address

12997 Cortez Blvd.

Suite, Apt. #, etc.



04162004

Chg-P

CR2E034 (10/03)

City & State

Brooksville FL

City & State

Brooksville FL

4. FEI Number

51-0482401

Applied For

Not Applicable

Zip

34613

Country

USA

Zip

34613

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, MILDRED M
6841 S REPS RIDGE ST
LECANTO, FL 34461

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
After May 1, 2004 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 MILLER, MILDRED M
STREET ADDRESS 6841 S REPS RIDGE ST
CITY-ST-ZIP LECANTO, FL 34461 ☐ Delete

TITLE V
NAME MILLER, RODNEY T
STREET ADDRESS 6841 S REPS RIDGE ST
CITY-ST-ZIP LECANTO, FL 34461 ☐ 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
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Mildred M. Miller / Mildred M. Miller

Date

4/19/04

Daytime Phone #

(352) 597-4323