


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90046 019 ***150.00

DOCUMENT # P03000087711 1. Entity Name FORT MYERS FITNESS AT GATEWAY, INC.	
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Principal Place of Business 12700 VISTA PINE CIRCLE FT MYERS, FL 33913	Mailing Address 12700 VISTA PINE CIRCLE FT MYERS, FL 33913
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94033282

2. Principal Place of Business 13130 Westlinks Terr. Suite, Apt. #, etc.	3. Mailing Address 13130 Westlinks Terr. Suite, Apt. #, etc.
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City & State Fort Myers, FL	City & State Fort Myers, FL	4. FEI Number 81-0628079	Applied For <input type="checkbox"/> Not Applicable
Zip 33913	Country USA	Zip 33913	Country USA

6. Name and Address of Current Registered Agent SCHUMANN, RAYMOND L 27200 RIVERVIEW CENTER BLVD, STE 103 BONITA SPRINGS, FL 34134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: Edward J. Ryan DATE: 3/17/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RYAN, EDWARD 12700 VISTA PINE CIRCLE FT MYERS, FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Edward Ryan DATE: 3/15/04 ✓
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #