

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90157 023 ***150.00

DOCUMENT # P03000093975

1. Entity Name
R & J FITNESS EXPRESS, INC.



Principal Place of Business
**3664 ALDER DR APT H-2
W PALM BCH, FL 33417**

Mailing Address
**3664 ALDER DR APT H-2
W PALM BCH, FL 33417**

24069078



2. Principal Place of Business

**7591 S. Dixie Hwy.
Suite, Apt. #, etc.
West Palm Beach**

3. Mailing Address

7591 S. Dixie Hwy.

City & State

FL

City & State

West Palm Beach, FL

Zip
33405

Country

Palm Beach

Zip
33405

Country

Palm Beach

04272004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-8224975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARD, JANE

**3664 ALDER DR APT H-2
W PALM BCH, FL 33417**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7591 S. Dixie Hwy

City

West Palm Beach

FL

Zip Code

33405

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]

ELIZABETH JANE WARD

4-28-04

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPVS
WARD, JANE
3664 ALDER DR APT H-2
W PALM BCH, FL 33417** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WARD, JANE
3664 ALDER DR APT H-2
W PALM BCH, FL 33417** ☐ Delete

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**831 North A Street
Lake Worth, FL 33460** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**831 North A Street
Lake Worth, FL 33460** ☒ 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:

[Signature]

ELIZABETH JANE WARD

Date

4-28-04

Daytime Phone #

361-386-6998