

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094058

FILED
Jul 09, 2004
Secretary of State

Entity Name: CROSS CREEK FITNESS, INC.

Current Principal Place of Business:

17318 OAK LEDGE DRIVE
LUTZ, FL 33549

New Principal Place of Business:

10329 CROSS CREEK BLVD.
SUITE A
TAMPA, FL 33647

Current Mailing Address:

17318 OAK LEDGE DRIVE
LUTZ, FL 33549

New Mailing Address:

10329 CROSS CREEK BLVD
SUITE A
TAMPA, FL 33647

FEI Number: 20-0190544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLOUGH, TRACEY
17318 OAK LEDGE DRIVE
LUTZ, FL 33549

Name and Address of New Registered Agent:

CLOUGH, TRACEY
10329 CROSS CREEK BLVD
SUITE A
LUTZ, FL 33647

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.

SIGNATURE:

07/09/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLOUGH, TRACEY A
Address: 17318 OAK LEDGE DRIVE
City-St-Zip: LUTZ, FL 33549

Title: VD () Delete
Name: CLOUGH, JEFFREY J
Address: 17318 OAK LEDGE DRIVE
City-St-Zip: LUTZ, FL 33549

Title: ST () Delete
Name: CLOUGH, TRACEY A
Address: 17318 OAK LEDGE DRIVE
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACEY A. CLOUGH

PD

07/09/2004

Electronic Signature of Signing Officer or Director

Date