

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000094058</b> 1. Entity Name <b>CROSS CREEK FITNESS, INC.</b>			
Principal Place of Business <b>10329 CROSS CREEK BLVD. SUITE A TAMPA, FL 33647</b>		Mailing Address <b>10329 CROSS CREEK BLVD SUITE A TAMPA, FL 33647</b>	
<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>			
6. Name and Address of Current Registered Agent  <b>CLOUGH, TRACEY 10329 CROSS CREEK BLVD SUITE A LUTZ, FL 33647</b>		<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>	
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE:   <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 40%; text-align: right;"> <b>4/27/05</b>  <small>DATE</small> </div> </div>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	PD	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>	
NAME	CLOUGH, TRACEY A		
STREET ADDRESS	17318 OAK LEDGE DRIVE		
CITY-ST-ZIP	LUTZ, FL 33549		
TITLE	VD		
NAME	CLOUGH, JEFFREY J		
STREET ADDRESS	17318 OAK LEDGE DRIVE		
CITY-ST-ZIP	LUTZ, FL 33549		
TITLE	ST		
NAME	CLOUGH, TRACEY A		
STREET ADDRESS	17318 OAK LEDGE DRIVE		
CITY-ST-ZIP	LUTZ, FL 33549		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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.			
<b>SIGNATURE:</b>		<b>4/27/05</b> <b>813-994-0007</b> <small>Date Daytime Phone #</small>	