2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000094417

1. Entity Name
LADIES FITNESS & HEALTH, INC.

FILED
Apr 25, 2005 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
893 VANDERBILT BEACH RD. NAPLES, FL 34108	1867 SEVILLE BLVD #422 NAPLES, FL 34109

04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0188873
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LIAKOS, EVONNE
1867 SEVILLE BLVD #422
NAPLES, FL 34109

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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: Evonne Liakos 4/22/05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PS
NAME	LIAKOS, EVONNE
STREET ADDRESS	1867 SEVILLE BLVD #422
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	VT
NAME	LIAKOS, CONSTANTINE J
STREET ADDRESS	1867 SEVILLE BLVD #422
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/05-80027-024 150.00

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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.

239-594-3545

SIGNATURE: APRIL 22 05 239-594-2829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #