

2004 FOR PROFIT CORPORATION ANNUAL REPORT

1092

FILED

04 NOV 19 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P03000097188

1. Entity Name
SLOW MOTION FORM PERSONAL TRAINING INC.

Principal Place of Business
760 VALLEY STREAM DRIVE
GENEVA, FL 32732 US

Mailing Address
760 VALLEY STREAM DRIVE
GENEVA, FL 32732 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09132004 Chg-P CR2E034 (10/03)

FEI Number
20-0238610

Applied Fee
Not Applicable

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

6. Name and Address of Current Registered Agent

MERO, MARC
760 VALLEY STREAM DRIVE
GENEVA, FL 32732

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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
D
MERO, MARC
760 VALLEY STREAM DRIVE
GENEVA, FL 32732 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

100042901761
11/19/04--01049--014 **150.00

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 an other duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

13

2082

SESSLER MACKLIN LLP
CERTIFIED PUBLIC ACCOUNTANTS

PAUL G. SESSLER, C.P.A.
DAVID I. MACKLIN, C.P.A.
KEITH J. BEBICK, C.P.A.

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee FL 32302-1500

Re: Slow Motion Form Personal Training Inc
Letter # 404A00054531

Mesdames or Gentlemen:

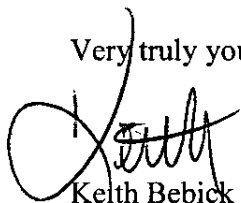
We are the accountants for the above-mentioned taxpayer and are responding to your Notice of Dissolution, Document #P03000097188.

Please find enclosed the taxpayer's 2004 Annual Report with payment in the amount of \$150 representing the filing fee. We ask at this time that you abate the \$400 late fee as the taxpayer never received the original postcard concerning electronic filing and the switch from paper filing and was unaware that there was any filing outstanding.

The taxpayer in its existence has always been timely with its filings and the imposition of a \$400 penalty would be a hardship for them.

Thank you for your assistance in this matter.

Very truly yours,



Keith Bebick

Enclosure
KB/sp