

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90736 024 \*\*\*150.00

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04162004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000099732</b> 1. Entity Name <b>SHAPE UP SISTERS, INC.</b>					
Principal Place of Business <b>WORLD GOLF VILLAGE TOWN CENTER W STE 116 ST AUGUSTINE, FL 32092</b>			Mailing Address <b>WORLD GOLF VILLAGE TOWN CENTER W STE 116 ST AUGUSTINE, FL 32092</b>		
2. Principal Place of Business <b>425 WEST TOWN PLACE</b> Suite, Apt. #, etc. <b>SUITE 116</b> City & State <b>ST. AUGUSTINE, FL</b> Zip <b>32092</b>		3. Mailing Address <b>425 WEST TOWN PLACE</b> Suite, Apt. #, etc. <b>SUITE 116</b> City & State <b>ST. AUGUSTINE, FL</b> Zip <b>32092</b>		4. FEI Number <b>41-2107769</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WAINER, DAVID S III 1200 RIVERPLACE BLVD STE 600 JACKSONVILLE, FL 32207</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>CROWLEY, JOHN C</b> <b>% WORLD GOLF VILLAGE TOWN CENTER W STE 116</b> <b>ST AUGUSTINE, FL 32092</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CROWLEY, JOHN C.</b> <b>WGV-425 WEST TOWN PLACE STE 116</b> <b>ST. AUGUSTINE, FL 32092</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>John C. Crowley</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>JOHN C. CROWLEY</b>		Date: <b>April 16, 2004</b>	Daytime Phone #: <b>904-940-9331</b>