


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90045 012 ***150.00

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|---|--|---|---|--|--|
| DOCUMENT # P03000102698 1. Entity Name ABF FITNESS, INC. | | | |  | |
| Principal Place of Business 2901 NORTH HALIFAX AVE #203 DAYTONA BEACH FL 32118 | | | Mailing Address 2901 NORTH HALIFAX AVE #203 DAYTONA BEACH FL 32118 | | |
| 2. Principal Place of Business 2102 S. Bridgewood Ave | | 3. Mailing Address Suite, Apt. #, etc. 1 | | | |
| City & State Edgewater, FL | | City & State FL | | | |
| Zip 32141 | | Country US | | 4. FEI Number 05-0586809 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent FOX, LYNN 2901 NORTH HALIFAX AVE #203 DAYTONA BEACH FL 32118 | | | | 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 Lynn Fox (NOTE: Registered Agent signature required when reinstating) DATE 3-4-04 | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP FOX, LYNN 2901 NORTH HALIFAX AVE #203 DAYTONA BEACH FL 32118 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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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. | | | | | |
| SIGNATURE: Lynn Fox | | | LYNN FOX | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date 3.4.04 Daytime Phone # 386.426.7770 | | |