2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Jun 15, 2004 8:00 am
Secretary of State
05-03-2004 90664 021 ***150.00

DOCUMENT # P03000104689

1. Entity Name

FITNESS ASSOCIATES, INC.

00460100

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
6933 N 9TH AVE PENSACOLA FL 32504	6933 N 9TH AVE PENSACOLA FL 32504

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20 0369743 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOSLEY, JASON R
226 PALAFOX
SEVILLE TOWER, 9TH FLOOR
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name Greg Goldsmith

Street Address (P.O. Box Number is Not Acceptable) 872 Heifenhorn Trace G.A.G

City Columbus GA. FL Zip Code 31904

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] Greg Goldsmith [signature] 4/28/04

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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	President Charles E. Lewis 3918 Rosemont Dr. Columbus GA. 31904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Pres Gloria Langford 6933 N. 9th Ave Pensacola, Fla, 32504	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec Jay Broadway 3624 Edgewood Rd. Columbus, GA. 31904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Agent Greg Goldsmith 872 Heifenhorn trace Columbus, GA. 31904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Agen Jerry Goldsmith 2432 Croyston Dr. Columbus, GA. 31904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] [signature] 4/28/04 706-653-6482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #