

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90115 026 ***150.00

DOCUMENT # P03000104689

1. Entity Name

FITNESS ASSOCIATES, INC.



Principal Place of Business

**6933 N 9TH AVE
PENSACOLA FL 32504**

Mailing Address

**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

7. Name and Address of New Registered Agent

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

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 \$150.00

After May 1, 2006 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

TITLE **P** ☐ Delete
NAME **LEWIS, CHARLES E**
STREET ADDRESS **2918 ROSEMONT DR**
CITY-ST-ZIP **COLUMBUS GA 31904**

TITLE **VP** ☐ Delete
NAME **LANGFORD, GLORIA**
STREET ADDRESS **6933 N. 9TH AVE**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **S** ☐ Delete
NAME **BROWYN, JAY**
STREET ADDRESS **3024 EDGEWOOD RD**
CITY-ST-ZIP **COLUMBUS GA 31904**

TITLE **A** ☐ Delete
NAME **GOLDSMITH, GREG**
STREET ADDRESS **872 HEIFERHORN TRACE**
CITY-ST-ZIP **COLUMBUS GA 31904**

TITLE **A** ☒ Delete
NAME **GOLDSMITH, JERRY**
STREET ADDRESS **2432 CRAGSTON DR**
CITY-ST-ZIP **COLUMBUS GA 31904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Greg Goldsmith

1/25/06

706-653-6482