


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90086 043 \*\*\*150.00

<b>DOCUMENT # P03000125591</b>	
1. Entity Name INDRIO GYM & FITNESS CENTER, INC.	

Principal Place of Business 4806 N KINGS HWY FT PIERCE, FL 34951	Mailing Address 4806 N KINGS HWY FT PIERCE, FL 34951
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent O'HEARN, JAMES J 2466 NE 17TH CT JENSEN BEACH, FL 34957
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HIZYCKI, BOHDAN 6038 INDRIO RD 07 FORT PIERCE, FL 34951 <i>1 VILLA MARIA</i>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

<b>SIGNATURE:</b> <u><i>B. H. H. H.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4/30/07</u> <small>Date</small>	Daytime Phone # _____ <small>Daytime Phone #</small>
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