


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90081 028 ***150.00

DOCUMENT # P04000007003	
1. Entity Name TAKE CONTROL FITNESS, INC.	

40062873



Principal Place of Business 8125 BRINEGAR CIR. TAMPA, FL 33647	Mailing Address 8125 BRINEGAR CIR. TAMPA, FL 33647
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02282007 Chg-P CR2E034 (12/06)

4. FEI Number 55-0856633	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TELEMAQUE-REUTEN, BEVERLEY 8125 BRINEGAR CIR. TAMPA, FL 33647		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: *Belemaque Reuten* DATE: *4/12/07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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	PSD TELEMAQUE-REUTEN, BEVERLEY 8125 BRINEGAR CIR. TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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.

SIGNATURE: *Belemaque Reuten* **4-12-07 8139750415**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

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TAKE CONTROL FITNESS, INC.



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TAMPA, FL 33647

Mailing Address
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TAMPA, FL 33647

ATTACHMENT

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STREET ADDRESS 8125 BRINEGAR CIR.
CITY-ST-ZIP TAMPA, FL 33647

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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Belenague-Reuten

4-12-07

8139750415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #