

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000109516

FILED
Sep 09, 2005
Secretary of State

Entity Name: FLIP & TWIST GYMNASTICS, INC.

Current Principal Place of Business:

2013 MURCOTT DRIVE
A
SAINT CLOUD, FL 34771

New Principal Place of Business:

2013 MURCOTT DRIVE
SUITE A
SAINT CLOUD, FL 34771

Current Mailing Address:

4195 ALBRITTON RD.
SAINT CLOUD, FL 34772

New Mailing Address:

FEI Number: 20-1410104 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, REGINA A
4195 ALBRITTON RD.
SAINT CLOUD, FL 34772 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: MILLER, REGINA A
Address: 4195 ALBRITTON RD
City-St-Zip: SAINT CLOUD, FL 34772

Title: DIR () Delete
Name: ARMAS, RICHARD R
Address: 12301 BRAXTED DR.
City-St-Zip: ORLANDO, FL 32837

Title: DIR () Delete
Name: RANDALL, HEIDI J
Address: 1550 KELBY RD.
City-St-Zip: KISSIMMEE, FL 34744

Title: DIR () Delete
Name: ARMAS, JULIO
Address: 580 SANTIAGO AVE.
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEIDI RANDALL

DIR

09/09/2005

Electronic Signature of Signing Officer or Director

_____ Date