2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State
02-01-2005 90039 050 ***150.00

DOCUMENT # **P04000116175**

1. Entity Name

20 MINUTES TO FITNESS OF SARASOTA FLORIDA, INC.

Principal Place of Business	Mailing Address
7712 WEEPING WILLOW CIRCLE SARASOTA FL 34241 US	7712 WEEPING WILLOW CIRCLE SARASOTA FL 34241 US

2. Principal Place of Business	3. Mailing Address
6255 Lake Osprey Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota FL	City & State
Zip: 34240 Country: USA	Zip Country

1st MOORE CR2E034 (10/04)

4. FEI Number 20-1477953 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROACH, ALFRED R JR.
7712 WEEPING WILLOW CIRCLE
SARASOTA FL 34241

7. Name and Address of New Registered Agent

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, 2005 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	PRES	☐ Delete
NAME	PHILLIPS, VIRGINIA L	
STREET ADDRESS	7712 WEEPING WILLOW CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	VP	☐ Delete
NAME	ROACH, ALFRED R JR	
STREET ADDRESS	7712 WEEPING WILLOW CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Virginia L Phillips Virginia L. Phillips 1-25-05 941-929-1286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #