2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000123083

1. Entity Name
FITNESS FOREVER OF SARASOTA, INC.

Principal Place of Business	Mailing Address
7398 DEER CROSSING CT SARASOTA, FL 34240	7398 DEER CROSSING CT SARASOTA, FL 34240

DO NOT WRITE IN THIS SPACE

01102006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
77-0645344	Not Applicable

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

6. Name and Address of Current Registered Agent

BICKEL, SHANA L
7398 DEER CROSSING CT
SARASOTA, FL FL

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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 *Bickel, Vice President*   1/10/06

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U000000392770
01/24/06-80087-009 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	BICKEL, DONALD R
STREET ADDRESS	7398 DEER CROSSING CT
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	VP
NAME	BICKEL, SHANA L
STREET ADDRESS	7398 DEER CROSSING CT
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Bickel*   1/10/06   941-379-2592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #