


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90065 013 ***150.00

DOCUMENT # P04000138845		
1. Entity Name EUSTIS FITNESS INC.		

Principal Place of Business 268 ARDICE AVE EUSTIS FL 32726 US	Mailing Address 268 ARDICE AVE EUSTIS FL 32726 US
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2. Principal Place of Business	3. Mailing Address POB 2243
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State UMATILLA FL	City & State UMATILLA FL
Zip 32784	Country USA



1st MOORE CR2E034 (10/04)

4. FEI Number 20-1711179	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WARD, HAL K 268 ARDICE AVE EUSTIS FL 32726	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE WARD, HAL K	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WARD, HAL K		NAME	
STREET ADDRESS POB 2243		STREET ADDRESS	
CITY-ST-ZIP UMATILLA FL 32784		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE WARD, LISA J	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WARD, LISA J		NAME	
STREET ADDRESS POB 2243		STREET ADDRESS	
CITY-ST-ZIP UMATILLA FL 32784		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAL K. WARD

2/26/05 3525896002

Date

Daytime Phone #