

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000059653

Entity Name: HALE FITNESS, INC.

FILED
Aug 09, 2007
Secretary of State

Current Principal Place of Business:

19115 BECKETT DRIVE
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

19115 BECKETT DRIVE
ODESSA, FL 33556

New Mailing Address:

FEI Number: 20-2756575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEFFRIES, DAVID M
BANK OF AMERICA PLAZA, SUITE 3000
101 EAST KENNEDY BOULEVARD
TAMPA, FL 336025884 US

Name and Address of New Registered Agent:

JEFFRIES, DAVID M
1227 N FRANKLIN STREET
TAMPA, FL 33602 US

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:

08/09/2007

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: P () Delete
Name: HALE, THOMAS J
Address: 19115 BECKETT DR
City-St-Zip: ODESSA, FL 33556

Title: V () Delete
Name: HALE, BARBARA E
Address: 19115 BECKETT DR
City-St-Zip: ODESSA, FL 33556

Title: T () Delete
Name: HALE, THOMAS J
Address: 19115 BECKETT DR
City-St-Zip: ODESSA, FL 33556

Title: S () Delete
Name: HALE, BARBARA E
Address: 19115 BECKETT DR
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: HALE, THOMAS J
Address: 19115 BECKETT DR
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: HALE, BARBARA E
Address: 19115 BECKETT DR
City-St-Zip: ODESSA, FL 33556

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:

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 exemption stated 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 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: THOMAS J HALE

P

08/09/2007

Electronic Signature of Signing Officer or Director

Date