

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90195 009 \*\*\*150.00

<b>DOCUMENT # P05000107186</b> 1. Entity Name <b>SOUTH VENICE FITNESS CENTER, INC.</b>																													
Principal Place of Business <b>2203 TAMiami TRAIL VENICE, FL 34293</b>			Mailing Address <b>2203 TAMiami TRAIL VENICE, FL 34293</b>																										
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State		City & State																											
Zip		Zip																											
Country		Country																											
Name and Address of Current Registered Agent  <b>DECLERCO, DON JR 2203 TAMiami TRAIL VENICE, FL 34293</b>				4. FEI Number <b>20-3216096</b>																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
6. 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.				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																									
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when renewing)</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DECLERCO, DON JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5005 LACEY STREET</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>NORTH PORT, FL 34286</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	DECLERCO, DON JR		STREET ADDRESS	5005 LACEY STREET		CITY- ST- ZIP	NORTH PORT, FL 34286		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete																											
NAME	DECLERCO, DON JR																												
STREET ADDRESS	5005 LACEY STREET																												
CITY- ST- ZIP	NORTH PORT, FL 34286																												
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY- ST- ZIP																													