

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000120802

FILED  
Feb 21, 2006  
Secretary of State

Entity Name: UPTEMPO SPORTS & FITNESS, INC.

## Current Principal Place of Business:

704 NAUTILUS DRIVE  
PORT ST. JOE, FL 32456

## New Principal Place of Business:

## Current Mailing Address:

317 WILLIAMS AVENUE  
PORT ST. JOE, FL 32456

## New Mailing Address:

FEI Number: 35-2260329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAGIDSON, JR., MEL  
528 SIXTH ST.  
PORT ST. JOE, FL 32456 US

## Name and Address of New Registered Agent:

MAGIDSON, MEL C JR.  
528 SIXTH ST.  
PORT ST. JOE, FL 32456 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: MEL MAGIDSON JR.

02/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: VERONA, LISA  
Address: 485 BASSWOOD RD.  
City-St-Zip: PORT ST. JOE, FL 32456

Title: D ( ) Delete  
Name: VERONA, ANTHONY  
Address: 485 BASSWOOD RD.  
City-St-Zip: PORT ST. JOE, FL 32456

Title: D ( ) Delete  
Name: BLACK, CHARLES  
Address: 704 NAUTILUS DR.  
City-St-Zip: PORT ST. JOE, FL 32456

Title: D ( ) Delete  
Name: BLACK, DANA  
Address: 704 NAUTILUS DR.  
City-St-Zip: PORT ST. JOE, FL 32456

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: VARONA, LISA  
Address: 485 BASSWOOD RD.  
City-St-Zip: PORT ST. JOE, FL 32456

Title: D (X) Change ( ) Addition  
Name: VARONA, ANTHONY  
Address: 485 BASSWOOD RD.  
City-St-Zip: PORT ST. JOE, FL 32456

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 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: LISA VARONA

D

02/21/2006

Electronic Signature of Signing Officer or Director

Date