


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000135107	
1. Entity Name WORLD GYM EXPRESS ISLAND FITNESS, INC	

Principal Place of Business 8 OCEAN TRACE RD. ST. AUGUSTINE, FL 32080	Mailing Address 8 OCEAN TRACE RD. ST. AUGUSTINE, FL 32080
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01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3617112	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 BROTHERS, WILLIAM O 8 OCEAN TRACE RD. ST. AUGUSTINE, FL 32080
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**DO NOT WRITE
IN THIS SPACE**

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 William O. Brothers, Sec. Treas. DATE 1/21/08

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, 2008 Fee will be \$550.00

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

U000000814352
02/13/08-80040-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROTHERS, WILLIAM O 8 OCEAN TRACE RD. ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHLOSSBERG, GENE 1947 A1A ST SAINT AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LYNCH, MIKE 1947 A1A ST SAINT AUGUSTINE, FL 32080
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: William O. Brothers, Sec. Treas. WILLIAM O. BROTHERS 1/25/08 904-471-0909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #