

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90018 024 \*\*\*150.00

**DOCUMENT # P05000154051**

1. Entity Name  
**THE TRACK - STRENGTHENING & CONDITIONING, INC.**



Principal Place of Business  
**475 FRIENDSHIP DR  
ORLANDO, FL 32835-4407**

Mailing Address  
**475 FRIENDSHIP DR  
ORLANDO, FL 32835-4407**

40033441



**DO NOT WRITE IN THIS SPACE**

01242007 No Chg-P CR2E034 (11/05)

4. FEI Number **76-0015545-03-0573654** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MORRIS, CASSANDRA B  
475 FRIENDSHIP DR  
ORLANDO, FL 32835-4407**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
MORRIS, CASSANDRA B  
475 FRIENDSHIP DR  
ORLANDO, FL 328354407**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ADMI  
MORRIS, STANLEY B  
475 FRIENDSHIP DR  
ORLANDO, FL 328354407**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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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:** *Cassandra Morris* *Cassandra Morris* 3/9/07 407-697-3939  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #