

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90062 005 ***150.00

DOCUMENT # P06000042754

1. Entity Name

GYM TECH, INC.



Principal Place of Business

P.O. BOX 848536
PEMBROKE PINES FL 33084

Mailing Address

P.O. BOX 848536
PEMBROKE PINES FL 33084



2. Principal Place of Business - No P.O. Box #

1855 NW 76th WAY

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 848536

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

4. FEI Number

68-0625442

Applied For

Not Applicable

Zip

33024

Country

U.S.
BROWARD

Zip

33084

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SCHINDLER, MARK
1855 NW 76TH WAY
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: D ☐ Delete
NAME: SCHINDLER, MARK
STREET ADDRESS: 1855 NW 76TH WAY
CITY - ST - ZIP: PEMBROKE PINES FL 33024

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: ☐ Delete
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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

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NAME:
STREET ADDRESS:
CITY - ST - ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Mark Schindler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/07

Date

954 298-3577

Daytime Phone #