

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90046 039 \*\*\*150.00

DOCUMENT # P06000076507

1. Entity Name  
SPIKES FITNESS, INC



Principal Place of Business

909 B FLEMING ST  
KEY WEST, FL 33040 US

Mailing Address

909 B FLEMING ST  
KEY WEST, FL 33040 US

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

Suite, Apt. #, etc.

3. Mailing Address

909 FLEMING ST

Suite, Apt. #, etc.

City & State

KEY WEST, FL

City & State

KEY WEST, FL

Zip

33040

Country

USA

Zip

33040

Country

USA

4. FEI Number

20-4973737

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

REICHERT, CARRIEANN  
909 B FLEMING ST  
KEY WEST, FL 33040

7. Name and Address of New Registered Agent

Name CARRIEANN REICHERT

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

909 FLEMING STREET

City KEY WEST

FL

Zip Code 33040

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 *Cami A. Attwood*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/23/08

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME REICHERT, CARRIEANN  
STREET ADDRESS 909 B FLEMING ST  
CITY-ST-ZIP KEY WEST, FL 33040 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT  
NAME REICHERT, CARRIEANN  
STREET ADDRESS 909 FLEMING STREET  
CITY-ST-ZIP KEY WEST, FL 33040 ☐ Change ☐ Addition

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

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

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

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

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

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:

*Cami A. Attwood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/08 305-304-2530  
Date Daytime Phone \*