

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 07, 2007 8:00 am
Secretary of State

09-07-2007 90001 017 ***150.00

DOCUMENT # P06000112482

1. Entity Name

ANYTIME FITNESS OF LUTZ, INC.



Principal Place of Business

1831 TINSMITH CIRCLE
LUTZ FL 33559
US

Mailing Address

1831 TINSMITH CIRCLE
LUTZ FL 33559
US

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

1850 OAK GROVE BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LUTZ, FLORIDA

City & State

Zip

33559

Country

USA

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

2nd MOORE

CR2E034 (4/07)



6. Name and Address of Current Registered Agent

WHITE, ROBERT J
1831 TINSMITH CIRCLE
LUTZ FL 33559

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 \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME WHITE, ROBERT J ☐ Delete
STREET ADDRESS 1831 TINSMITH CIRCLE
CITY-ST-ZIP LUTZ FL 33559

TITLE
NAME ST WHITE, ELAINE M ☐ Delete
STREET ADDRESS 1831 TINSMITH CIRCLE
CITY-ST-ZIP LUTZ FL 33559

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

Robert White ROBERT WHITE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-07

813 786-0615

Date

Daytime Phone #