


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90027 022 ***150.00

| | |
|--|---|
| DOCUMENT # P06000152519 |  |
| 1. Entity Name JB FITNESS GROUP, INC. | |

| | |
|---|---|
| Principal Place of Business 2730 PARK STREET JACKSONVILLE, FL 32205 | Mailing Address 2730 PARK STREET JACKSONVILLE, FL 32205 |
|---|---|

| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

40116429



05072007 Chg-P CR2E034 (12/06)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 20-8032260 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent HILL, DEBRA S 8834 GOODBYS EXECUTIVE DRIVE SUITE A JACKSONVILLE, FL 32217 | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|---|--|------------|

| | |
|--|---|
| FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS BELZ, JANE 2730 PARK STREET JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Jane Belz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <u>Jane Belz</u> <small>Date</small> | <u>5/14/07</u> <small>Date</small> | <u>904 388-8605</u> <small>Daytime Phone #</small> |
|--|---|---------------------------------------|---|

ATTACHMENT

40116429

Department of State
Division of Corporations
Annual Reports
P.O. Box 6327
Tallahassee, FL 32314

May 2, 2007

Re: Document #P06000152519

To: Division of Corporations:

I spent seven hours attempting to process my annual report information on May 1. Apparently your system was unable to handle the volume of customers also trying to beat the deadline as it would not allow me to either complete the online application or even print out a copy to take to the post office. On one screen alone I clicked on the back button over 200 times, to no avail.

I am still unable to print out a corporate report. I also have been unable to get through on the phone. At this point I am enclosing the following:


1. A copy of the e-mail sent the evening of May 1 indicating my frustration with your inadequate computer system.
2. The partial copies of the annual report with the May 1 date printed on them that I was able to print out before the screens froze.
3. My check for \$150.

The only thing that has changed from last year report is I now have a FEID. Everything else remains the same.

As it is your system that was at fault for those of us who were trying to comply with the deadline I trust you will extend some sort of courtesy to us and accept payment without the late fee. If you still need more information from me please contact me at (904) 388-8605.

I appreciate your assistance.

Sincerely,


Jane Belz
President

ATTACHMENT

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

PS

Name (Last, First, Middle, Title)

BELZ

JANE

- OR -

Entity Name to serve as
Officer/Director

Street Address

2730 PARK STREET

City, State

JACKSONVILLE

FL

Zip Code & Country

32205

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

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#PO6000152579

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

PS

Officer/Director Signature Jane Belz

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset

ATTACHMENT 40116429

Title

PS

Officer/Director Signature JANE BELZ

#P060001525/9

Continue

Start Over

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[Annual Report Help](#)

**ATTACHMENT**
Division of Corporations

40116429

Annual Report

[Annual Report Help](#)

Document Number

P06000152519

Business Entity Name

JB FITNESS GROUP, INC.

FEI Number

 20-8032260

FEI Number Status

☐ Listed Above ☒ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address

2730 PARK STREET

Suite, Apt. #, etc.

City, State

JACKSONVILLE

FL

Zip Code & Country

32205

Mailing Address

Address

2730 PARK STREET

Suite, Apt. #, etc.

City, State

JACKSONVILLE

FL

Zip Code & Country

32205

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

HILL

DEBRA

S

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

8834 GOODBYS EXECUTIVE DRIVE

Suite, Apt. #, etc.

SUITE A

City, State

JACKSONVILLE

FL

Zip Code & Country

32217

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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Division of Corporations

Annual Report

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

Document Number

P06000152519

Business Entity Name

JB FITNESS GROUP, INC.

FEI Number

20-0032260

FEI Number Status

Applied For

Certificate of Status Desired

No

Election Campaign Financing Trust Fund Contribution

No

Principal Place of Business

Address 2730 PARK STREET

Suite, Apt. #, etc.

City, State JACKSONVILLE, FL

Zip Code & Country 32205

Mailing Address

Address 2730 PARK STREET

Suite, Apt. #, etc.

City, State JACKSONVILLE, FL

Zip Code & Country 32205

Name and Address of Registered Agent

Name (Last, First, Middle, Title) HILL, DEBRA , S

Address 8834 GOODBYS EXECUTIVE DRIVE

Suite, Apt. #, etc. SUITE A

City, State JACKSONVILLE, FL

Zip Code & Country 32217 US

Registered Agent Signature

Officer/Director Name and Address

Title PS

Name (Last, First, Middle, Title) BELZ, JANE

Street Address 2730 PARK STREET

City, State JACKSONVILLE, FL

Zip Code & Country 32205

Print Message

ATTACHMENT

Close this window

From: <contoursjax@bellsouth.net> [Add to Address Book](#)
Date: 2007/05/01 Tue PM 10:44:43 EST
To: <corp@help@doh.state.fl.us>
Subject: system disabled

H0116429
#P060001525T9

Dear Dept. of Corporations:

I am one of probabaly thousands who have spent all day attempting to to file their corporate reports online. Apparently your system was not capable of dealing with such a large volume. I started at 4 p.m. this afternoon and have been unable to either submit the form electronically or print out a form to take to the post office. It is now past 11:30 p.m. and I am giving up and going to bed.

I will attempt to get through via phone tomorrow to see what arrangements have been made for those of us who were uable to be serviced before the deadline.

Jane Belz
JB Fitness Group Inc
Document # P06000152519
904 388-8605