

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90025 021 ***150.00

DOCUMENT # P07000108546 1. Entity Name ANYTIME FITNESS OF SARASOTA, INC.			
Principal Place of Business 15162 SURREY BEND SPRING HILL, FL 34609		Mailing Address 15162 SURREY BEND SPRING HILL, FL 34609	
2. Principal Place of Business - No P.O. Box # 4057 CLARK RD.		3. Mailing Address Suite, Apt. #, etc.	
City & State SARASOTA, FL		City & State	
Zip 34233		Country	
4. FEI Number 26-1172052		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 REARDON, JOHN R. 15162 SURREY BEND SPRING HILL, FL 34609		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u><i>John R. Reardon</i></u> / JOHN R. REARDON <u>1/27/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	DPT REARDON, JOHN R. 15162 SURREY BEND SPRING HILL, FL 34609	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS REARDON, LINDA K. 15162 SURREY BEND SPRING HILL, FL 34609	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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><i>John R. Reardon</i></u> / JOHN R. REARDON		Date <u>1/27/08</u> Daytime Phone # <u>(941) 993-5262</u>	