

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000012385

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

**Entity Name:** ULTIMATE FITNESS CENTER INC

**Current Principal Place of Business:**

290 E. VAN FLEET DR.  
BARTOW, FL 33830

**New Principal Place of Business:**

**Current Mailing Address:**

290 E. VAN FLEET DR.  
BARTOW, FL 33830

**New Mailing Address:**

**FEI Number:** 80-0547180

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUCK, GREGORY L  
290 E. VAN FLEET DR.  
BARTOW, FL 33830 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BUCK, GREGORY L  
Address: 640 SOUTH CENTRAL AVE.  
City-St-Zip: BARTOW, FL 33830

Title: VP  
Name: WILSON, THOMAS R  
Address: 2400 HWY 60 E  
City-St-Zip: BARTOW, FL 33830

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GREGORY L. BUCK

PRES

03/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date