


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P31137	
1. Entity Name HEALTH N' SPORTS, INC.	

Principal Place of Business 6501 17TH AVE W. W. 309 BRADENTON, FL 34209 US	Mailing Address 100 SANDS POINT ROAD C/O ABRAHAM SHAMES #201 LONGBOAT KEY, FL 34228 US
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01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-2419381	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 SHAMES, ABRAHAM 100 SANDS POINT ROAD #201 SARASOTA, FL 34228
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SHAMES, ABRAHAM 100 SANDS POINT RD #201 LONGBOAT KEY, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Abraham Shames, Pres. 2/10/05 941-383-7615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #