


**2004 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91228 035 \*\*\*150.00

**DOCUMENT # P94000021378**

1. Entity Name  
**SYNERGY FITNESS SYSTEMS, INC.**



Principal Place of Business  
**900 EAST WILDMERE AVE UNIT 5  
ATTN: ALLEN C WOODRUFF  
LONGWOOD FL 32750  
US**

Mailing Address  
**900 EAST WILDMERE AVE UNIT 5  
ATTN: ALLEN C WOODRUFF  
LONGWOOD FL 32750  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc

3. Mailing Address  
Suite, Apt. #, etc

City & State

4. FE Number **59-3229198**

Zip Country

5. Certificate or Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WETTACH, JOSEPH C.L.  
315 E. ROBINSON STREET  
STE. 600  
ORLANDO FL 32801**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature must be printed name of registered agent or officer authorized. NOTE: Registered agent and authorized officer are not the same.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>WOODRUFF, ALLEN C</b>	
STREET ADDRESS	<b>900 E WILDMERE AVE #5</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another, like empowered.

SIGNATURE: Allen C Woodruff 04/30/04 PH: 407-786-2600

CR-F031 (10/03)