


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000070615	
1. Entity Name RIVIERA FITNESS CENTER, INC.	

Principal Place of Business 6235 N DAVIS HWY S-108 PENSACOLA, FL 32504	Mailing Address 4725 S HOLLADAY BLVD. STE. 220 SALT LAKE CITY, UT 84117
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01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3268594	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 DICKENS, MARK 6235 N DAVIS HWY. STE. 108 PENSACOLA, FL 32504
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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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	DP RICE, REYNOLD T 47525 HOLLADAY BLVD #220 SALT LAKE CITY, UT 84117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RICE, SCOTT L 4725 S HOLLADAY BLVD @220 SALT LAKE CITY, UT 84117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DICKENS, MARK 6325 N DAVIS HWY #108 PENSACOLA, FL 32504
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02/08/06-80072-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/2006 801 272-5271