

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000088466

1. Entity Name

ALL 4 FITNESS INC.



FILED

05 SEP 19 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

Principal Place of Business

1547 GORDEN RIVER LN
NAPLES FL 34104
US

Mailing Address

1547 GORDEN RIVER LN
NAPLES FL 34104
US

2. Principal Place of Business

149-FOREST LAKES BLVD
STE-103

3. Mailing Address

149-FOREST LAKE BLVD
STE-103

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples - FL

City & State

Naples - FL

Zip

34105

Country

Collier

Zip

34105

Country

Collier

4. FEI Number

65-0553976

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REED, PATTI
1547 GORDEN RIVER LANE
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

149-FOREST LAKE BLVD

STE-103

City

Naples

FL

Zip Code

34105

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/9/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 | REED, PATTI | |
| STREET ADDRESS | 1547 GORDEN RIVER LANE | |
| CITY-ST-ZIP | NAPLES FL 34104 | |
| 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 11

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 149 FOREST LAKE BLVD STE-103 |
| CITY-ST-ZIP | Naples FL 34105 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 600059746746 |
| CITY-ST-ZIP | 09/19/05--01054--013 **150.00 |
| 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 all other like empowered.

SIGNATURE:

[Signature]

PATTI REED PRES

9/9/05 239-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**SUBURBAN ACCOUNTING
TAX SERVICE INC.
7340 PROVINCE WAY #3307
NAPLES, FL 34104
239-353-3054**

SEPTEMBER 9, 2005

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: ALL-4-FITNESS INC
P94000088466
ANNUAL REPORT #2005

DEAR SIR:


THIS COMMUNICATION IS IN REFERENCE TO THE ABOVE CORPORATION -

MY CLIENT, DID NOT RECEIVE THE NOTICE, FOR THE ANNUAL REPORT
BECAUSE SHE MOVED TO THE ADDRESS LISTED BELOW - AND, MAIL WAS
NOT FORWARDED TO HER -

ENCLOSED IS THE SIGNED ANNUAL REPORT WITH THE PROPER CHECK -
THE CHANGES ARE INDICATED ON THE PROPER LINES -

NEW ADDRESS - 149 FOREST LAKES BLVD -
UNIT - #103
NAPLES FL 34105

SINCERELY



ROBERT F. WROBLE