

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90187 033 \*\*\*150.00

**DOCUMENT # P96000033726**

1. Entity Name

THE CLUB DOCTOR, INC.



Principal Place of Business

1712 AURORA ROAD  
MELBOURNE FL 32935

Mailing Address

1712 AURORA ROAD  
MELBOURNE FL 32935

**50023868**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

1712 AURORA RD

Suite, Apt. #, etc.

3. Mailing Address

1712 AURORA RD

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

City & State

MELBOURNE FL

Zip

32935

Country

USA

Zip

32935

Country

USA

4. FEI Number

59-3357998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CRAFT, MARK D  
1712 AURORA ROAD  
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name CRAFT, MARK D.

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

1712 AURORA RD

City

MELBOURNE

FL

Zip Code

32935

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

Mark D. Craft President

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

*Mark D. Craft*

(NOTE: Registered Agent signature required when reappointing)

1-24-2005

DATE

**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 ☐ Delete  
NAME CRAFT, MARK D  
STREET ADDRESS 1865 OAKWOOD TRAIL  
CITY-ST-ZIP MELBOURNE FL 32934

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Mark D. Craft*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #