

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90308 003 \*\*\*150.00

**DOCUMENT # P96000062630**

1. Entity Name  
**FITNESS ON THE MOVE, INC.**



Principal Place of Business  
**13010 METRO PARKWAY  
UNIT A  
FORT MYERS, FL 33912-4701**

Mailing Address  
**13010 METRO PARKWAY  
UNIT A  
FORT MYERS, FL 33912-4701**

**94049648**



02202004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0687135**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DEMOND, TROY E  
13010 METRO PARKWAY  
UNIT A  
FT MYERS, FL 33912**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME **D** ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP **DEMOND, TROY E  
13010 METRO PARKWAY UNIT A  
FORT MYERS, FL 339124701**

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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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 officers like empowered.

**SIGNATURE:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/6/04**

**(239) 561-1177**