


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90026 015 ***150.00

DOCUMENT # P97000011340		
1. Entity Name PHILIP POLLARD PERSONAL TRAINING, INC.		

Principal Place of Business 217 LAFITTE CRESCENT FORT WALTON BEACH, FL 32547 US	Mailing Address 217 LAFITTE CRESCENT FORT WALTON BEACH, FL 32547 US
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2. Principal Place of Business 1924 Kadima Circle Suite, Apt. #, etc.	3. Mailing Address 1924 Kadima Circle Suite, Apt. #, etc.
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City & State Fort Walton Beach Zip FL 32548	Country US	City & State Fort Walton Beach FL Zip 32548	Country US
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6. Name and Address of Current Registered Agent POLLARD, PHILIP 217 LAFITTE CRESCENT HOLLISTER, FL 32147		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City, State, Zip Code Fort Walton Beach FL 32548	
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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: _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE: _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD POLLARD, PHILIP 217 LAFITTE CRESCENT HOLLISTER, FL 32147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Philip Pollard 1924 Kadima Circle Fort Walton Beach FL 32548 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 3/11/04 (854) 225 9994 <small>Daytime Phone #</small>