

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000019297

FILED  
Apr 05, 2004  
Secretary of State

Entity Name: FITNESS MASTER OF FT. WALTON, INC.

## Current Principal Place of Business:

99 EDIN PKWY  
SUITE 44  
FORT WALTON BEACH, FL 32548

## New Principal Place of Business:

6118 13TH AVENUE  
MERIDIAN, MS 39305 US

## Current Mailing Address:

5515 NORTH DAVIS HIGHWAY  
PENSACOLA, FL 32503

## New Mailing Address:

6118 13TH AVENUE  
MERIDIAN, MS 39305

FEI Number: 59-3439394

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HEBERT, THERESA E  
8710 SCENIC HILLS DR  
PENSACOLA, FL 32514 US

## Name and Address of New Registered Agent:

HOFFMAN, CHARLES L JR.  
226 PALAFOX PLACE  
9TH FLOOR, SEVILLE TOWER  
PENSACOLA, FL 32502 US

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.

SIGNATURE: CHARLES L. HOFFMAN, JR.

04/05/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: HEBERT, THERESA E  
Address: 8710 SCENIC HILLS DRIVE  
City-St-Zip: PENSACOLA, FL 32514

Title: S (X) Delete  
Name: PARKINGS, TODD  
Address: 1901 LADY BIRD LN  
City-St-Zip: GULF BREEZE, FL 32561

Title: V (X) Delete  
Name: STEFANKO, MICHAEL K  
Address: 9660 PINE CONE  
City-St-Zip: CANTONMENT, FL 32533

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: DEAR, ROMONA E  
Address: 6118 13TH AVENUE  
City-St-Zip: MERIDIAN, MS 39305 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROMONA E. DEAR

P

04/05/2004

Electronic Signature of Signing Officer or Director

Date