


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90025 028 ***150.00

DOCUMENT # P97000029217 1. Entity Name PHYSIQUE BY DESIGN, INC.					
Principal Place of Business 430 NASH LANE PORT ORANGE FL 32127			Mailing Address 430 NASH LANE PORT ORANGE FL 32127		
2. Principal Place of Business 4047 S. WATERBRIDGE CIR.		3. Mailing Address 4047 S. WATERBRIDGE CIR.			
Suite, Apt. #, etc. CIR.		Suite, Apt. #, etc.			
City & State PT. ORANGE, FL.		City & State PT. ORANGE, FL.		4. FEI Number 59-3494486	
Zip 32129 Country USA		Zip 32129 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MELLEMA, DOUGLAS J 430 NASH LANE PORT ORANGE FL 32127			7. Name and Address of New Registered Agent Name DOUGLAS J. MELLEMA Street Address (P.O. Box Number is Not Acceptable) 4047 S. WATERBRIDGE CIR. City PT. ORANGE FL Zip Code 32129		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MELLEMA, DOUGLAS J 430 NASH LANE PORT ORANGE FL 32127	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4047 S. WATERBRIDGE CIR PT. ORANGE, FL. 32129
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
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: Doug Mellem DOUG MELLEMA 2-1-04 (386) 2384000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



MOORE CR2E034 (11/03)