

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000034801

FILED
Feb 04, 2004
Secretary of State

Entity Name: XTREME FITNESS OF ROYAL PALM, INC.

Current Principal Place of Business:

1169 ROYAL PALM BCH BLVD
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

300 ROYAL PALM BCH BLVD
ROYAL PALM BEACH, FL 33411

Current Mailing Address:

16389 BRIDLEWOOD CIRCLE
DELRAY BEACH, FL 33445

New Mailing Address:

PO BOX 6730
DELRAY BEACH, FL 33482

FEI Number: 65-0744492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOLARD, JAMES J
16389 BRIDLEWOOD CIRCLE
DELRAY BEACH, FL 33445

Name and Address of New Registered Agent:

WOOLARD, JAMES J
14548-A S. MILITARY TRAIL
DELRAY BEACH, FL 33484

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: JAMES J. WOOLARD

02/04/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WOOLARD, JAMES J
Address: 16389 BRIDLEWOOD CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: WOOLARD, ANN E
Address: 16389 BRIDLEWOOD CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WOOLARD, JAMES J
Address: 14548-A S. MILITARY TRAIL
City-St-Zip: DELRAY BEACH, FL 33484

Title: D (X) Change () Addition
Name: WOOLARD, ANN E
Address: 14548-A S. MILITARY TRAIL
City-St-Zip: DELRAY BEACH, FL 33484

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: ANN WOOLARD

D

02/04/2004

Electronic Signature of Signing Officer or Director

Date