

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90062 034 \*\*\*150.00

**DOCUMENT # P97000055869**

1. Entity Name  
**FIT DIMENSIONS, INC.**



Principal Place of Business  
**1327 SAXON DRIVE  
NEW SMYRNA BEACH, FL 32169**

Mailing Address  
**1327 SAXON DRIVE  
NEW SMYRNA BEACH, FL 32169**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**59-3460216**

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

**WILZEWSKI, BERND  
1327 SAXON DR  
NEW SMYRNA BEACH, FL 32169**

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 **DP** ☐ Delete  
NAME **WILCZEWSKI, BERND**  
STREET ADDRESS **719 SUPERIOR STREET** *new address →*  
CITY-ST-ZIP **DELTONA, FL 32725**

TITLE **DP** ☐ Change ☐ Addition  
NAME **Wilczewski Bernd**  
STREET ADDRESS **2212 Deerwood DR.**  
CITY-ST-ZIP **NSB FL 32168**

TITLE **VP** ☐ Delete  
NAME **WILCZEWSKI, RAINER** *new address →*  
STREET ADDRESS **SCHUMBURGER STR. 8**  
CITY-ST-ZIP **12277 BERLIN, GE**

TITLE **VP** ☐ Change ☐ Addition  
NAME **Rainer Wilczewski**  
STREET ADDRESS **Karwendelstr. 32a**  
CITY-ST-ZIP **Berlin 12203 GE.**

TITLE **ST** ☐ Delete  
NAME **COLLINS, KARIN**  
STREET ADDRESS **2212 DEERWOOD DR**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168** ✓

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 other like empowered.

SIGNATURE: *Bernd Wilczewski Ph.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*New Smyrna Beach 4260079*  
Date Daytime Phone #