

**2004 FOR PROFIT CORPORATION  
/ANNUAL REPORT**

DOCUMENT # P97000084517

1. Entity Name  
FITCORP, INC.



Principal Place of Business  
4545 PINE ISLAND RD  
SUNRISE, FL 33351

Mailing Address

4545 PINE ISLAND RD  
SUNRISE, FL 33351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04202004 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0789184

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MUCCI, MARK S  
ONE FINANCIAL PLAZA  
SUITE 1600  
FT LAUDERDALE, FL 33394

7. Name and Address of New Registered Agent  
Name WILLIAM H. JACKSON SR.  
Street Address (P.O. Box Number is Not Acceptable)  
4545 N PINE ISLAND Road  
City SUNRISE FL Zip Code 33351

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	D	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, WILLIAM H SR.		
STREET ADDRESS	4545 PINE ISLAND RD		
CITY-ST-ZIP	SUNRISE, FL 33351		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

94062301



04-23-2004 90226 041 \*\*\*150.00

**FILED  
Apr 23, 2004 8:00 am  
Secretary of State**