

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000096631

FILED  
Feb 04, 2004  
Secretary of State

Entity Name: FITNESS SYSTEMS OF DELRAY, INC.

## Current Principal Place of Business:

14550 S MILITARY TRAIL  
DELRAY BEACH, FL 33484 US

## New Principal Place of Business:

## Current Mailing Address:

16389 BRIDLEWOOD CIR  
DELRAY BEACH, FL 33445 US

## New Mailing Address:

PO BOX 6730  
DELRAY BEACH, FL 33482 US

FEI Number: 65-0791718

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOOLARD, ANN  
16389 BRIDLEWOOD CIR  
DELRAY BEACH, FL 33445

## Name and Address of New Registered Agent:

WOOLARD, ANN  
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: ANN 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 CIR  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Delete  
Name: WOOLARD, ANN  
Address: 16389 BRIDLEWOOD CIR  
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  
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