


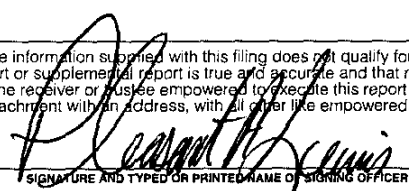
**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90404 031 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

94078387



<b>DOCUMENT # P98000026913</b>			
1. Entity Name <b>P &amp; BL GYMS, INC.</b>			
Principal Place of Business <b>5920 REDRUG LAKE RD WINTER SPRINGS, FL 32708 US</b>		Mailing Address <b>GOLD'S GYM 5920 REDRUG LAKE RD WINTER SPRINGS, FL 32708 US</b>	
2. Principal Place of Business		3. Mailing Address <b>130 EAST ALTAMONTE DR. SUITE 200 ALTAMONTE SPRINGS, FL</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
		<b>32701 USA</b>	
4. FEI Number <b>52-2091343</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LEWIS, PLEASANT 2732 LAKE HOWELL LANE WINTER PARK, FL 32792</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
		<b>FL</b>	
Zip Code		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>MD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS, PLEASANT</b>	NAME	
STREET ADDRESS	<b>2732 LAKE HOWELL LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK, FL 32792</b>	CITY-ST-ZIP	
TITLE	<b>VTS</b> <input type="checkbox"/> Delete	TITLE	<b>D (NOT V, T, OR S)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS, BRENDA</b>	NAME	
STREET ADDRESS	<b>6011 FLORENCE LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ALEXANDRIA, VA 22310</b>	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		Date: <b>4-28-04</b> Daytime Phone #: <b>407-673-1626</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	