2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State
07-21-2004 90020 008 ***100.00
08-03-2004 90002 011 ****50.00

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1. Entity Name
HOME TEAM FITNESS, INC.

54066325

Principal Place of Business	Mailing Address
1031 JOHN SIMS PARKWAY NICEVILLE, FL 32578	1031 JOHN SIMS PARKWAY NICEVILLE, FL 32578

07092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3507069 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOVE, ROBERT A
~~923 NUTMEG AVENUE~~ 1031 John Sims Parkway
NICEVILLE, FL 32578

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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: Robert A Love — Robert A. Love — 7-28-04
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOVE, ROBERT A
STREET ADDRESS	330 SHARON DR.
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	V
NAME	LOVE, ROBERT J
STREET ADDRESS	~~1512 B 23RD STREET~~ 1599 Ruckel Drive
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	S
NAME	LOVE, JOY B
STREET ADDRESS	~~1512 B 23RD STREET~~ 1599 Ruckel Drive
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Joy B Love — 7/16/04 — (850) 582-5920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
678-0177