FILED
May 05, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000044464

1. Entity Name
FIRST LADIES FITNESS, INC.

Principal Place of Business	Mailing Address
907 EAST CHERRY STREET PANAMA CITY, FL 32401	4003 WEST HIGHWAY 98 UNIT C PANAMA CITY, FL 32401

DO NOT WRITE IN THIS SPACE

G4282C05 No Chg-P CR2E034 (10/03)

4. Fed. Number
59-3610092

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

POLSELLI REGINA M
907 EAST CHERRY STREET
PANAMA CITY, FL 32401

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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, my position as registered agent.

SIGNATURE _____ DATE
(Typed or printed name of registered agent and title if officer or general partner of corporate registered agent) (Registered agent's signature required) (Date)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	POLSELLI REGINA M
STREET ADDRESS	2014 W 23RD CT
CITY-STATE-ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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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 added, or an attachment with an address with the official title(s) is attached.

SIGNATURE: Regina M Polselli 5/1/05
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Title) (Date Signed)