2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2005 08:00 AM Secretary of State

1. Entity Nar	MENT # P98000079 PORTS AND FITNESS, INC.	649				Sec	retary	of State
Principal Plac	ce of Business	Mailing Address			-	-		
	AL CIRCLE NE EE, FL 32308	3183 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308	US					
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				(1172005	No Chg-P	CR2E034	4 (10/03)
	OO NOT WRITE	IN THIS SPA	CE	4	. FEI Numb			Applied For
				\vdash	59-353	34440	<u> </u>	Not Applicat
				5	. Certdicate	e of Status Desired		8.75 Additional ee Required
	Name and Address of Current F	legistered Agent						
WESSON, ROBIN G 3183 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308			DO NOT WRITE IN THIS SPACE					
8. The above the obligation SIGNATURE.	named entity submits this statement for tions of registered agent.) <u> </u>	\$ 1 \$40°	*, \e-4		oth, in the State of F	05	miliar with, and acce
	Signature typed or printed name of registered agent ar	d life if apolicable (NOTE Register	ed Agent signalure rec	quaed wher	reinstating)	T	DATE	
	.E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	S. Election Campaign Fina Trust Fund Contribution		\$5.00 Added to	May Be Fees	00000 03/10/05	0258692 -80050-0	150.00
10.	OFFICERS AND D	IRECTORS				•		
TITLE NAME	P WESSON, ROBIN G							
SIRELT ADDRESS	3183 CAPITAL CIRCLE NE							
CHY-ST-ZIP	TALLAHASSEE, FL 32308							
FILE		*	1					
NAME			l					
STREET ADDRESS			I					

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:

CHY-ST-ZIP

HILE
NAME
STHEET ADDRESS

CITY-ST-ZIP

NAME
SIREEI ADDRESS
CITY-SI-ZIP
TITLE
NAME
SIREEI ADDRESS
CITY-SI-ZIP
TITLE
NAME
SIREET ADDRESS
SIREET ADDRESS
CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/05

Daytima Phone #