

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000093305

FILED  
Apr 21, 2004  
Secretary of State

Entity Name: GET STRONG, INC.

## Current Principal Place of Business:

12901 MCGREGOR BOULEVARD  
UNIT 1B  
FT. MYERS, FL 33919

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 61608  
FORT MYERS, FL 33906 US

## New Mailing Address:

FEI Number: 65-0899959

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SINIBALDI, DEAN A SR  
12901 MCGREGOR BOULEVARD  
STE 1B  
FT. MYERS, FL 33919

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: SINIBALDI, DEAN A SR  
Address: 12901 MCGREGOR BOULEVARD, SUITE 1B  
City-St-Zip: FT. MYERS, FL 33919

Title: VPTD ( ) Delete  
Name: SINIBALDI, JULIA F  
Address: 12901 MCGREGOR BLVD #1B  
City-St-Zip: FT MYERS, FL 33919

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JULIA F. SINIBALDI

VPTD

04/21/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date