


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90001 025 \*\*\*158.75

<b>DOCUMENT # P99000000900</b>		
1. Entity Name PINE HILLS ATHLETIC CLUB, INC.		

Principal Place of Business 1100 NORTH PINE HILLS ROAD ORLANDO, FL 32808-7125	Mailing Address 1100 NORTH PINE HILLS ROAD ORLANDO, FL 32808-7125
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**54025715**

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1113 N. Pine Hills Rd Suite, Apt. #, etc.
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04012004 Chg-P CR2E034 (10/03)

City & State Orlando FL	City & State Orlando FL
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4. FEI Number 59-3549344	Applied For Not Applicable
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Zip 32808	Country USA
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOWERBANK INCOME TAX & ACCOUNTING SERVICE 1113 NORTH PINE HILLS ROAD ORLANDO, FL 32808-7125	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<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"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD MOODY, BEATRICE H 530 WHISKEY CREEK CT OCOE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jacobs Wilkesteina 1113 N. Pine Hills Rd Orlando FL 32808 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POWE, LESLINE J 5948 LAKEVILLE RD ORLANDO, FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Becky President 4/1/04 407-523-2500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment  
Doc. # 99000000900  
54025715

**BOWERBANK**

V/D  
WILLIESTEINA JACOBS  
1113 NORTH PINE HILLS ROAD  
ORLANDO, FLORIDA 32808-7125

**PINE HILLS ATHLETIC CLUB, INC**

D  
WILLIESTEINA JACOBS  
1113 NORTH PINE HILLS ROAD  
ORLANDO, FLORIDA 32808-7125