2005 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P99000102883



FILED Apr 18, 2005 8:00 am Secretary of State 04-18-2005 90559 022 ***150.00

| 1. Entity Name FITNESS CONNECTIONS, INC. | | | | | | | | | |
|---|--|--|---|--|--|-----------------|-----------------|------------------------------|---------------------------|
| Principal Place | e of Business | Mailing Address | | | - Δυυσυσών | | | | |
| 5763 BENEVA ROAD SOUTH SARASOTA, FL 34233 | | 5763 BENEVA ROAD SOUTH SARASOTA, FL 34233 | | | | | hi wax agua waa | A. (4)E. 16:E. (*** | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 03112005 | Chg-P | CR2E03 | 4 (10/03) | |
| City & State | | City & State | | ., | 4. FEI Numb | _ | | | plied For t Applicable |
| Zip | Country Zip C | | Country - | , | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | |
| | 6. Name and Address of Current I | | 7. Name and Address of New Registered Agent | | | | | | |
| DDEIA/ETT DANIEL 1 | | | | Name | | | | | |
| PREWETT, DANIEL L 5777 BENEVA ROAD SOUTH SARASOTA, FL 34233 | | | | 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 Signature, typed or printed name of registered agent and talls if applicable. (INOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution. | | | | | .00 May Be ed to Fees | | | · · | |
| 10. | OFFICERS AND I | DIRECTORS | 11. | | ADDITIONS | CHANGES TO OFF | CERS AND | DIRECTORS | IN 11 |
| TITLE | PD | ☐ Delete | TITLE | | | | | Change | Addition |
| NAME STREET ADDRESS | PREWETT, DANIEL 5777 BENEVA ROAD SOUTH | | NAME | ADDRESS | | | | | |
| CITY-ST-ZIP | SARASOTA, FL 34233 | | CITY-ST | į. | | | | | |
| TITLE | VPD | ☐ Delete | TITLE | | | | | ☐ Change | Addition |
| NAME | SCOTT, ALLAN | | NAME | | | | | _ , | _ |
| STREET ADDRESS | 5777 BENEVA ROAD SOUTH | | | ADORESS | | | | | |
| CITY-ST-ZIP | SARASOTA, FL 34233 | · | CITY-ST | 1-21P | | | | | |
| TITLE _ | SD LAVELL KRISTINE | Delete . | TITLE NAME | - | | | | Change | Addition |
| NAME STREET ADORESS | HAVELL, KRISTINE 5777 BENEVA ROAD SOUTH | | 4 | AODRESS | | | | | ļ |
| CITY-ST-ZIP | SARASOTA, FL 34233 | | CITY-ST | T-Z1P | | | | | |
| TITLE | TD | ☐ Delete | TITLE | | | | - | ☐ Change | Addition |
| NAME | GEORGE, ELIZABETH | | NAME | | | | | | |
| STREET ADDRESS CITY+\$1-ZIP | 5777 BENEVA ROAD SOUTH SARASOTA, FL 34233 | | CITY-SI | ADORESS I-ZIP | | | | | |
| IIILE | VP | ☐ Delete | TITLE | | | | | ☐ Change | Addition |
| NAME | WEEKES, RAYMOND | | NAME | | | | | | |
| STREET ADDRESS | 4410 GARCIA AVE | | | ADORESS | | | | | |
| CITY-S1-ZIP | SARASOTA, FL 34233 | , w | CITY-SI | | 56 L | • | | <u>П</u> сь | C Address |
| TITLE NAME | | ☐ Delete .८३* | - I.,TITLE . NAME | · · & · | * . *** L | | | Change | Addition |
| STREET ADDRESS | ; * | | | ADDRESS 3 | entral en | · | | | |
| CITY-ST-ZIP | | | CITY-ST | * * * * | | • | | a la compani | |
| | | | | | | V/> D : 1 O : 1 | | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone II