

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90750 031 ***150.00

DOCUMENT # S33907



1. Entity Name
FITNESS WORKS, INC.

Principal Place of Business
**5007 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32503 US**

Mailing Address
**5007 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32503 US**



2. Principal Place of Business
1095 E. Nine Mile Road

3. Mailing Address
1095 E. Nine Mile Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232004

Chg-P

CR2E034 (10/03)

City & State
Pensacola, FL

City & State
Pensacola, FL

4. FEI Number
59-3054586

Applied For
Not Applicable

Zip
32514

Country
Escambia

Zip
32514

Country
Escambia

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FISHER, MARK C.
3244 ELLANO LANE
CANTONMENT, FL 32533**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FISHER, MARK C.**
STREET ADDRESS **3244 ELLANO LANE**
CITY-ST-ZIP **CANTONMENT, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Mark C. Fisher* **Mark C. Fisher**

4-29-04

350-505-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #