

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90030 043 \*\*\*150.00

**DOCUMENT # V00278**

1. Entity Name  
**FIT AMERICA, INC.**



Principal Place of Business  
**401 FAIRWAY DR  
DEERFEILD BEACH, FL 33434**

Mailing Address  
**401 FAIRWAY DR  
DEERFEILD BEACH, FL 33434**

**DO NOT WRITE IN THIS SPACE**



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0305294</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired: <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DAVIS, BYRON  
401 FAIRWAY DR  
SUITE 200  
DEERFEILD BEACH, FL 33434**

**DO NOT WRITE  
IN THIS SPACE**

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

**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	PD
NAME	DAVIS, BYRON
STREET ADDRESS	401 FAIRWAY DR
CITY - ST - ZIP	DEERFEILD BEACH, FL

TITLE	SD
NAME	DAVIS, DEBBI
STREET ADDRESS	401 FAIRWAY DR
CITY - ST - ZIP	DEERFEILD BEACH, FL

TITLE	TD
NAME	ROMERO, STELLA
STREET ADDRESS	401 FAIRWAY DR
CITY - ST - ZIP	DEERFEILD BEACH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 another like empowered.

SIGNATURE: *Stella Romero* Controller  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04 Date 954-570-3211 Daytime Phone #