**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)** 

## DOCUMENT # V07924

1. Entity Name



## **FILED** May 07, 2004 8:00 am Secretary of State

WORLD OF HEALTH & FITNESS INC.				05-07-2004 90123 014 ****150.00		
Principal Place of Business  1740 SE 44TH STREET CAPE CORAL FL 33904 US  Mailing Address  1740 SE 44TH STREET CAPE CORAL FL 33904 US  US		Special profile and	to frilled a great			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)		
City & State		City & State		59-310 <i>4/</i> 63	lied For Applicable	
Zip	Country	Zip .	Country	5. Certificate of Status Desired S8.75 Additing Fee Required	onal	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
			Name	Name		
174	RZYNIÁRZ, DEBORAH O SE 44TH STREET PE CORAL FL 33904	Street Addres		es (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 according to the obligations of registered agent.						
SIGNATURE	Signature, typed or printed name of registered agen	t and title of poplicable (ACTELL	Registered Agent signature reg			
Chick and the state of the stat	made 2 man emission - a control since and the man and a control since and the control si	Edition application. (NOTE: F	negisiered Ageni signature req	uired when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5,00  Trust Fund Contribution.   Added to		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	N 11	
TITLE	P	☐ Delete ·	TITLE		Addition	
NAME	SKRZYNIARZ, PAUL		NAME	_ ,		
STREET ADDRES	1740 SE 44TH STREET		STREET ADDRESS		ļ	
CITY-ST-ZIP	CAPE CORAL FL		CITY-ST-ZIP			
TITLE NAME	VTS SKRZYNIARZ DEBORAH	☐ Delete	TITLE NAME	. Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1740 SE 44TH STREET CAPE CORAL FL		STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	- Change	☐ Addition	
NAME CYRCET ADDRESSO			NAME			
STREET ADDRESS CITY-ST-ZIP	-		STREET ADDRESS CITY-ST-ZIP	·		
TiTLE		☐ Delete	TITLE	☐ Change	Addition	
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS			
-			CITY-ST-ZIP			
TITLE NAME		Delete	· TITLE · NAME	Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE	1	☐ Delete	TITLE	☐ Change	☐ Addition	
NAME			NAME		_ [	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP		L. D. L. (10)	CITY-ST-ZIP			
12. I nereby (	certify that the information supplied wit	a inis tiling does not qualify for th	ne exemption stated in	Section 119.07(3)(i). Florida Statutes. I further certify that the info	rmation 1	

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.