2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 02, 2004 08:00 AM DOCUMENT # V17649 **Secretary of State** 1. Entity Name WEIGHTS ON WHEELS, INC. Principal Place of Business Mailing Address 300 VENICE DRIVE 300 VENICE DRIVE HOUSE BOYNTON BEACH FL 33426 HOUSE BOYNTON BEACH FL 33426 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt #, etc CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0312490 Not Applicable Ζιρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RYAN, DANIEL J. Street Address (P.O. Box Number is Not Acceptable) 300 VENICE DR **BOYNTON BEACH FL 33426** City 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change ☐ Addition RYAN, DANIEL J. NAME 1100000026464 NAME 300 VENICE DR 02/03/04-80009-005 150.00 STREET ADDRESS STREET ADDRESS BOYNTON BEACH FL 33426 CITY - ST- 7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition RYAN, CHRISTY B NAME NAME STREET ADDRESS 300 VENICE DR STREET ADDRESS CITY - ST- ZIP BOYNTON BEACH FL 33426 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addilion NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST- 7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP 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)(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.

FILED

1/27/04 1-561-369-0037