

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000024093

1. Entity Name  
LADIES FITNESS BY MARCIA INC



Principal Place of Business  
8788 S.E. 165 MULBERRY LANE  
THE VILLAGES, FL 32162 US

Mailing Address  
8788 S.E. 165 MULBERRY LANE  
THE VILLAGES, FL 32162 US



04122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 90-0062134	Applied For 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

CASE, MARCIA E  
5300 CR 171  
WILDWOOD, FL 34785

**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

*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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASE, MARCIA L
STREET ADDRESS	5300 CIR 171
CITY-ST-ZIP	WILDWOOD, FL 34785

TITLE	T
NAME	CASE, MARCIA E
STREET ADDRESS	5300 CR 171
CITY-ST-ZIP	WILDWOOD, FL 34785

TITLE	S
NAME	CASE, MARCIA E
STREET ADDRESS	5300 CR 171
CITY-ST-ZIP	WILDWOOD, FL 34785

TITLE	VP
NAME	CASE, MARCIA E
STREET ADDRESS	5300 CR 171
CITY-ST-ZIP	WILDWOOD, FL 34785

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000306428  
04/15/05-80014-021 150.00

**DO NOT WRITE  
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)(f), 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:

*Marcia E Case*

4-13-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #