

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000075962

Entity Name: FITNESS FOR WOMEN, INC.

FILED
Apr 01, 2008
Secretary of State

Current Principal Place of Business:

2020 W. PENSACOLA ST
#46
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

5300 FALLING STAR DR.
TALLAHASSEE, FL 32303

New Mailing Address:

2020 W. PENSACOLA ST
#46
TALLAHASSEE, FL 32304

FEI Number: 20-0092858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROWE, JOHN D SR
108 SUNSET POINT
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROWE, JOHN D SR
Address: 108 SUNSET POINT
City-St-Zip: PALATKA, FL 32177

Title: ST () Delete
Name: ROWE, MISTY A
Address: 5300 FALLING STAR DR
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: ROWE, MISTY D
Address: 5300 FALLING STAR RD
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MISTY D ROWE

ST

04/01/2008

Electronic Signature of Signing Officer or Director

Date