

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000143181

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** DRF GYMS, INC.

**Current Principal Place of Business:**

4645 CLYDE MORRIS BLVD.  
SUITE 404  
PORT ORANGE, FL 32129

**New Principal Place of Business:**

**Current Mailing Address:**

4645 CLYDE MORRIS BLVD.  
SUITE 404  
PORT ORANGE, FL 32129

**New Mailing Address:**

**FEI Number:** 20-3765090

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLETCHER, SARA  
204 PALMETTO ST.  
NEW SMYRNA BEACH, FL 32168 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

**OFFICERS AND DIRECTORS:**

**Title:** P, S  
**Name:** FLETCHER, SARA A P  
**Address:** 204 PALMETTO ST.  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32168

**Title:** V.P  
**Name:** FLETCHER, MARTIN R V.P.  
**Address:** 204 PALMETTO ST.  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32168

I hereby 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 all other like empowered.

SIGNATURE: SARA FLETCHER

P,S

04/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date