

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000078709

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: ALPHA FITNESS OF ST. AUGUSTINE INC.

## Current Principal Place of Business:

1936 US 1 SOUTH  
ST. AUGUSTINE, FL 32086

## New Principal Place of Business:

## Current Mailing Address:

1936 US 1 SOUTH  
ST. AUGUSTINE, FL 32086

## New Mailing Address:

FEI Number: 74-3219930

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COCHRAN, KATHY  
4902 SHORE DRIVE  
ST. AUGUSTINE, FL 32086 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: PS ( ) Delete  
Name: COCHRAN, PHILLIP  
Address: 1936 US 1 SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 320860000

Title: VT ( ) Delete  
Name: COCHRAN, KATHY  
Address: 1936 US 1 SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 320860000

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: COCHRAN, PHILLIP  
Address: 1936 US 1 SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VT (X) Change ( ) Addition  
Name: COCHRAN, KATHY  
Address: 1936 US 1 SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32086

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: KATHY COCHRAN

V

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date