

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000030725

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** CROSSFIT FORT WALTON BEACH INC.

**Current Principal Place of Business:**

2005 COMMODORE DR.  
NAVARRE, FL 32566

**New Principal Place of Business:**

209 FERRY RD  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

2005 COMMODORE DR.  
NAVARRE, FL 32566

**New Mailing Address:**

209 FERRY RD  
FORT WALTON BEACH, FL 32548

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

BOWEN, JORDON W  
2005 COMMODORE DR.  
NAVARRE, FL 32566    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  
Name: BOWEN, JORDON W  
Address: 2005 COMMODORE DR  
City-St-Zip: NAVARRE, FL 32566

Title: VP  
Name: BOWEN, JESSE E  
Address: 2005 COMMODORE DR.  
City-St-Zip: NAVARRE, FL 32566

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: JORDON BOWEN

P

01/07/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date