


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
Secretary of State

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|---|---|
| DOCUMENT # P95000034099 1. Entity Name FITNESS ONE-ON-ONE, INC. |  |
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| Principal Place of Business 6621 BROKEN ARROW RD FORT MYERS, FL 33912 | Mailing Address PMB #409 13300 S. CLEVELAND AVE FORT MYERS, FL 33907 |
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DO NOT WRITE IN THIS SPACE



04082008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0577831 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

PITTMAN, LARRY L
 6051 ESTERO BLVD
 FORT MYERS BEACH, FL 33931

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000900393
 04/23/08-80026-018 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SANCHEZ, DENISE 6621 BROKEN ARROW RD FORT MYERS, FL 33912 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP MASINO, ROBERT 6621 BROKEN ARROW RD FORT MYERS, FL 33907 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS CELESTINO, BARBARA 6621 BROKEN ARROW FORT MYERS, FL 33907 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  4/12/08 239-463-1206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #