

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000034099

Entity Name: FITNESS ONE-ON-ONE, INC.

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

6621 BROKEN ARROW RD
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

PMB #409 13300 S. CLEVELAND AVE
FORT MYERS, FL 33907

New Mailing Address:

PMB #409
13300 S. CLEVELAND AVE., STE. 56
FORT MYERS, FL 33907

FEI Number: 65-0577831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PITTMAN, LARRY L
6231 ESTERO BLVD
3RD FLOOR
FORT MYERS BEACH, FL 33931 US

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

04/08/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SANCHEZ, DENISE
Address: 6621 BROKEN ARROW RD
City-St-Zip: FORT MYERS, FL 33912

Title: DVP () Delete
Name: MASINO, ROBERT
Address: 6621 BROKEN ARROW RD
City-St-Zip: FORT MYERS, FL 33907

Title: DS () Delete
Name: CELESTINO, BARBARA
Address: 6621 BROKEN ARROW
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change () Addition
Name: MASINO, ROBERT
Address: 6621 BROKEN ARROW RD
City-St-Zip: FORT MYERS, FL 33912

Title: DS (X) Change () Addition
Name: CELESTINO, BARBARA
Address: 6621 BROKEN ARROW
City-St-Zip: FORT MYERS, FL 33912

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: DENISE SANCHEZ

Electronic Signature of Signing Officer or Director

DP

04/08/2009

Date