

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000034099

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

**Current Principal Place of Business:**

BROKEN ARROW RD  
FORT MYERS, FL 33912

**Current Mailing Address:**

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

**FEI Number:** 65-0577831

**Certificate of Status Desired:** No

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

PITTMAN, LARRY L  
8868 KING HENRY COURT  
FORT MYERS, FL 33908 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

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DP  
Name SANCHEZ, DENISE  
Address 13300 S. CLEVELAND AVE. , STE 56  
PMB409  
City-State-Zip: FORT MYERS FL 33907

Title DS  
Name CELESTINO, BARBARA  
Address 13300 S. CLEVELAND AVE., STE. 56  
PMB 409  
City-State-Zip: FORT MYERS FL 33907

*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:** BARBARA CELESTINO

**SECRETARY**

**04/10/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date