2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 412678

6225 POWERS AVE

JACKSONVILLE, FL 32217

Address:

City-St-Zip:

FILED Apr 27, 2009 Secretary of State

Entity Nar	me: BODYSH	HOP OF AMERICA, INC.					
Current P	rincipal Place	e of Business:	New Prin	New Principal Place of Business:			
	/ERS AVE. IVILLE, FL 322	217					
Current M	lailing Addres	ss:	New Mail	New Mailing Address:			
6226 POW JACKSON	/ERS AVE VILLE, FL 322	217 US		VERS AVE. IVILLE, FL 32	217		
FEI Number:	: 59-1444782	FEI Number Applied For () FEI Number Not App	olicable ()	Certificate of Status Desired	()	
Name and	Address of C	Current Registered Ager	nt: Name and	d Address of	New Registered Agent:		
1200 S. PII	ORATION SYS NE ISLAND RO ION, FL 33324	DAD					
	named entity e of Florida.	submits this statement for	the purpose of changing	its registered	office or registered agent, or	both,	
SIGNATUR	RE:						
	Electror	nic Signature of Registere	d Agent	Date			
Election Car	mpaign Financin	g Trust Fund Contribution ()).				
OFFICERS	S AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	KOLBER, GEO 6225 POWERS JACKSONVILL	S AVE E, FL 32217	Title: Name: Address: City-St-Zip:	HILL, CURTIS 6225 POWER JACKSONVIL	S AVE LE, FL 32217		
Title: Name: Address: City-St-Zip:	CFO () WALTERS, RIC 6225 POWERS JACKSONVILL	SAVENUE	Title: Name: Address: City-St-Zip:	VCFO () WALTERS, RI 6225 POWER JACKSONVILI	S AVENUE		
Title: Name: Address: City-St-Zip:	VP (BETH, ANGELO 2646 SIIMS CO JACKSONVILL	OVE LN	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	S ()) Delete	Title: Name:	() Change () Addition		

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.

Address:

City-St-Zip:

SIGNATURE: RICHARD L. WALTERS **VCFO** 04/27/2009