


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90009 018 ***158.75

DOCUMENT # F04000004208

1. Entity Name
LIFESTYLE FAMILY FITNESS, INC.



Principal Place of Business Mailing Address

140 FOUNTAIN PARKWAY **140 FOUNTAIN PARKWAY**
SUITE 410 **SUITE 410**
ST PETERSBURG, FL 33716 **ST PETERSBURG, FL 33716**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40107964



04282007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

20-1389917 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|--|--|
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | City |
| | State Zip Code |
| | FL |

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--------------------------------------|---|--|
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SIMMONS, N JOHN | NAME | <i>See Attachment</i> |
| STREET ADDRESS | 140 FOUNTAIN PARKWAY, STE 410 | STREET ADDRESS | <i>for Additional officers</i> |
| CITY-ST-ZIP | ST PETERSBURG, FL 33716 | CITY-ST-ZIP | <i>and Directors</i> |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LASHER, STUART G | NAME | |
| STREET ADDRESS | 140 FOUNTAIN PARKWAY, STE 410 | STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG, FL 33716 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRAHAM, DREW A | NAME | |
| STREET ADDRESS | 140 FOUNTAIN PARKWAY, STE 410 | STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG, FL 33716 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MASCARA, ERNIE | NAME | |
| STREET ADDRESS | 140 FOUNTAIN PARKWAY, STE 410 | STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG, FL 33716 | CITY-ST-ZIP | |
| TITLE | C <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DYER, GEOFFREY A | NAME | |
| STREET ADDRESS | 140 FOUNTAIN PARKWAY, STE 410 | STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG, FL 33716 | CITY-ST-ZIP | |
| TITLE | DPV <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRIGHT, TODD | NAME | |
| STREET ADDRESS | 140 FOUNTAIN PARKWAY, STE 410 | STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG, FL 33716 | CITY-ST-ZIP | |

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: *Tim Meriade* *4/28/07* *727-456-3100*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Lifestyle Family Fitness, Inc.
20-1389917

ATTACHMENT 40107962
#FO40000420

2007 For Profit Corporation Annual Report
Complete Listing of Directors and Officers

Geoff A. Dyer

C – Chairman
140 Fountain Parkway
Suite 410
St. Petersburg, FL 33716

Stuart G. Lasher

D – Director
140 Fountain Parkway
Suite 410
St. Petersburg, FL 33716

N. John Simmons, Jr.

D – Director
140 Fountain Parkway
Suite 410
St. Petersburg, FL 33716

Drew A. Graham

D – Director
140 Fountain Parkway
Suite 410
St. Petersburg, FL 33716

Ernest L. Mascara

D – Director
140 Fountain Parkway
Suite 410
St. Petersburg, FL 33716

Craig Sher

D – Director
140 Fountain Parkway
Suite 410
St. Petersburg, FL 33716

Lifestyle Family Fitness, Inc.
20-1389917

ATTACHMENT

40107962

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2007 For Profit Corporation Annual Report
Complete Listing of Directors and Officers

Todd M. Bright

D – Director

P – President

V – Vice President

140 Fountain Parkway

Suite 410

St. Petersburg, FL 33716

Kevin Laferriere

V – Vice President

140 Fountain Parkway

Suite 410

St. Petersburg, FL 33716

S. Scott Busby

V – Vice President

140 Fountain Parkway

Suite 410

St. Petersburg, FL 33716

Timothy G. Merrick

V – Vice President

T - Treasurer

140 Fountain Parkway

Suite 410

St. Petersburg, FL 33716

Wayne O. Hanewicz

V – Vice President

S - Secretary

140 Fountain Parkway

Suite 410

St. Petersburg, FL 33716

Chris Salemi

V – Vice President

140 Fountain Parkway

Suite 410

St. Petersburg, FL 33716