


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90076 013 \*\*\*150.00

<b>DOCUMENT # F04000004208</b> 1. Entity Name <b>LIFESTYLE FAMILY FITNESS, INC.</b>					
Principal Place of Business <b>140 FOUNTAIN PARKWAY SUITE 410 ST PETERSBURG, FL 33716</b>			Mailing Address <b>140 FOUNTAIN PARKWAY SUITE 410 ST PETERSBURG, FL 33716</b>		
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	4. FEI Number <b>20-1389917</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			FL Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMMONS, N JOHN 140 FOUNTAIN PARKWAY, STE 410 ST PETERSBURG, FL 33716		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Donald Burton 140 Fountain Parkway, Ste 410 St. Petersburg, FL 33716	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LASHER, STUART G 140 FOUNTAIN PARKWAY, STE 410 ST PETERSBURG, FL 33716		TITLE NAME STREET ADDRESS CITY - ST - ZIP	C Lasher, Stuart G.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRAHAM, DREW A 140 FOUNTAIN PARKWAY, STE 410 ST PETERSBURG, FL 33716		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Shen, Craig 140 Fountain Parkway, Ste 410 St. Petersburg, FL 33716	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MASCARA, ERNIE 140 FOUNTAIN PARKWAY, STE 410 ST PETERSBURG, FL 33716		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Basham, Robert 140 Fountain Parkway, Ste 410 St. Petersburg, FL 33716	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C DYER, GEOFFREY A 140 FOUNTAIN PARKWAY, STE 410 ST PETERSBURG, FL 33716		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Dyer, Geoffrey A	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPV BRIGHT, TODD 140 FOUNTAIN PARKWAY, STE 410 ST PETERSBURG, FL 33716		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Dyer, Geoffrey A	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					