

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004208

FILED
Apr 05, 2012
Secretary of State

Entity Name: LIFESTYLE FAMILY FITNESS, INC.

Current Principal Place of Business:

140 FOUNTAIN PARKWAY
SUITE 410
ST PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

140 FOUNTAIN PARKWAY
SUITE 410
ST PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 20-1389917 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: SIMMONS, N JOHN
Address: 140 FOUNTAIN PARKWAY, STE 410
City-St-Zip: ST PETERSBURG, FL 33716

Title: C
Name: LASHER, STUART G
Address: 140 FOUNTAIN PARKWAY, STE 410
City-St-Zip: ST PETERSBURG, FL 33716

Title: D
Name: GRAHAM, DREW A
Address: 140 FOUNTAIN PARKWAY, STE 410
City-St-Zip: ST PETERSBURG, FL 33716

Title: D
Name: MASCARA, ERNIE
Address: 140 FOUNTAIN PARKWAY, STE 410
City-St-Zip: ST PETERSBURG, FL 33716

Title: D
Name: DYER, GEOFFREY A
Address: 140 FOUNTAIN PARKWAY, STE 410
City-St-Zip: ST PETERSBURG, FL 33716

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: JOHN SIMMONS

PRES

04/05/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date