## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L02839

Entity Name: JUST FIT, INC.

Address:

City-St-Zip:

118 MARTINIQUE AVE

TAMPA, FL 33606 US

FILED Jan 03, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3418 WEST BAY TO BAY BLVD TAMPA, FL 33611 US			3418 WEST BAY TO TAMPA, FL 33629	3418 WEST BAY TO BAY BLVD TAMPA, FL 33629 US	
Current N	lailing Addre	ss:	New Mailing Addres	New Mailing Address:	
3418 WEST BAY TO BAY BLVD TAMPA, FL 33611 US			3418 WEST BAY TO BAY BLVD TAMPA, FL 33629 US		
FEI Number	: 59-2955253	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	BERNADINE INIQUE AVE L 33606 U	_			
	named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DP ( HOLMES, MAF 5800 GORDON TAMPA, FL 33	N AVENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( WARD, SHERI 5800 GORDON TAMPA, FL 33	N AVENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ST ( HOLMES, DW 5800 GORDON TAMPA, FL 33	NAVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	V ( WRIGHT, BER	) Delete NADINE M	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: BERNADINE M. WRIGHT V.P. 01/03/2008