


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000006914 1. Entity Name FIT FOR WORK, INC.	
--	---

Principal Place of Business 1311 N. WESTSHORE BLVD. SUITE 201 TAMPA, FL 33607	Mailing Address 1311 N. WESTSHORE BLVD. SUITE 201 TAMPA, FL 33607
--	--



01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0240982	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent FAIRCLOTH, SANDRA R 1311 N. WESTSHORE BLVD. SUITE 201 TAMPA, FL 33607

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

05/06/06-80020-023 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FAIRCLOTH, SANDRA R 6011 NATIVE WOODS DR TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC FAIRCLOTH, ALTON L 6011 NATIVE WOODS DR TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR DILLARD, DELILAH 10610 N. 30TH ST. #22-D TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR GILLES, VALERIE 8501 N. 50TH ST. #1409 TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 617, 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

Date

Daytime Phone #