


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90018 045 ***150.00

DOCUMENT # N03000006914					
1. Entity Name FIT FOR WORK, INC.					
Principal Place of Business 6011 NATIVE WOODS DR TAMPA, FL 33625			Mailing Address 6011 NATIVE WOODS DR TAMPA, FL 33625		
2. Principal Place of Business - No P.O. Box # 6011 Native Woods Dr Suite, Apt. #, etc. Tampa		3. Mailing Address The Same Suite, Apt. #, etc.			
City & State Florida		City & State		4. FEI Number 20-0240982	
Zip 33625		Country		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			7. Name and Address of New Registered Agent Name: Sandra R. Faircloth Street Address (P.O. Box Number is Not Acceptable): 6011 Native Woods Dr City: Tampa FL Zip Code: 33625		
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 _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to: Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME FAIRCLOTH, SANDRA R STREET ADDRESS 6011 NATIVE WOODS DR CITY-ST-ZIP TAMPA, FL 33625	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SEC NAME FAIRCLOTH, ALTON L STREET ADDRESS 6011 NATIVE WOODS DR CITY-ST-ZIP TAMPA, FL 33625	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DIR NAME DILLARD, DELILAH STREET ADDRESS 10610 N. 36TH ST. #22-D CITY-ST-ZIP TAMPA, FL 33612	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DIR NAME GILLES, VALERIE STREET ADDRESS 8501 N. 50TH ST. #1409 CITY-ST-ZIP TAMPA, FL 33617	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ DATE: Jan. 21 2008					