

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # P00000009113

1. Entity Name
MOVE IT OR LOSE IT, INC.



Principal Place of Business
1107 NORTH BLVD
7 & 8
LEESBURG, FL 34748

Mailing Address
1107 NORTH BLVD
7 & 8
LEESBURG, FL 34748



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3625588	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

WADE, MARK
5444 OLD HICKORY LANE
FRUITLAND PARK, FL 34731

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADE, MARK 5444 OLD HICKORY LANE FRUITLAND PARK, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADE, SALLY 5444 OLD HICKORY LANE FRUITLAND PARK, FL 34731
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/15/08-80093-009 150.00

**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 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

1-11-08

Date

352 323 1616

Daytime Phone #