

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90263 007 ***150.00

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1. Entity Name
EVOLUTION FITNESS, INC.



Principal Place of Business
1140 S. ORLANDO AVE.
MAITLAND, FL 32751

Mailing Address
P.O. BOX 3331
WINTER PARK, FL 32790-3331

50000320



2. Principal Place of Business - No P.O. Box #

1140 S. Orlando Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt # E-5

City & State

Maitland FL

City & State

Zip 32751

Country USA

Zip

Country

01042007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3643868

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WINDERWOODLE, HAINES, WORK & WOODMAN, PA
250 PARK AVE S, 5TH FLOOR
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name
Tim Bol

Street Address (P.O. Box Number is Not Acceptable)

1140 S. Orlando Ave. #E5

City Maitland

FL

Zip Code 32751

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 Timothy J. Bol, President

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

(NOTE: Registered Agent signature required when reinstating)

1/09/07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 DP
BOL, TIM ☐ Delete
STREET ADDRESS
1140 S. ORLANDO AVE E-5
CITY-ST-ZIP
MAITLAND, FL 32751

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: Timothy J. Bol

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/09/07
Date

(407) 538-0580
Daytime Phone #