

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000060422

Entity Name: LAWARD FITNESS, INC.

FILED  
Apr 19, 2008  
Secretary of State

## Current Principal Place of Business:

20 WINCHESTER ROAD  
ORMOND BEACH, FL 32174

## New Principal Place of Business:

## Current Mailing Address:

20 WINCHESTER ROAD  
ORMOND BEACH, FL 32174

## New Mailing Address:

FEI Number: 59-3727096

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WARD, GIL F  
20 WINCHESTER ROAD  
ORMOND BEACH, FL 32174 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WARD, GIL F  
Address: 20 WINCHESTER ROAD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP ( ) Delete  
Name: WARD, LINDA L VP  
Address: 20 WINCHESTER ROAD  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: 2VP ( ) Delete  
Name: WARD, JOHN G 2VP  
Address: 17 WINCHESTER ROAD  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: 3VP ( ) Delete  
Name: WARD, TERESA M 3VP  
Address: 17 WINCHESTER ROAD  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: TREA ( ) Delete  
Name: LANES, JOHN M TREASUR  
Address: 29 COQUINA RIDGE WAY  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: SEC ( ) Delete  
Name: LANES, SHELLIE L SECRETA  
Address: 29 COQUINA RIDGE WAY  
City-St-Zip: ORMOND BEACH, FL 32174 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: GILBERT F. WARD

PRES

04/19/2008

Electronic Signature of Signing Officer or Director

Date