

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000085508

FILED
Apr 03, 2006
Secretary of State

Entity Name: SOCADA HEALTH & FITNESS STUDIO OF GREEN COVE SPRINGS, INC.

Current Principal Place of Business:

408 WALNUT STREET
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

408 WALNUT STREET
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 02-0641538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEWITT, TIM
408 WALNUT STREET
GREEN COVE SPRINGS, FL 32043 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: P () Delete
Name: HEWITT, TIM
Address: 408 WALNUT STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP () Delete
Name: DESIMONE, DENISE
Address: 2845 SHAFFER DRIVE
City-St-Zip: EADS, TN 38028

Title: M (X) Delete
Name: NEELY, MICHELLE
Address: 2723 SECRET HARBOR DRIVE
City-St-Zip: ORANGE PARK, FL 32065

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: TIM HEWITT

Electronic Signature of Signing Officer or Director

OWNE

04/03/2006

Date