2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000059965

1. Entity Name
FITNESS FACTOR, INC.

Principal Place of Business	Mailing Address
24845 N.E. HWY 314	24845 N.E. HWY 314
SALT SPRINGS, FL 32134	SALT SPRINGS, FL 32134

DO NOT WRITE IN THIS SPACE

01112006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
55-0835974	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, DALE
14568 N.E. 248TH AVENUE
SALT SPRINGS, FL 32134

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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, 2006 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSON, DALE
STREET ADDRESS	14568 N.E. 248TH AVENUE
CITY-ST-ZIP	SALT SPRINGS, FL 32134
TITLE	V
NAME	WINE, CHARLES M
STREET ADDRESS	146 PINION CIRCLE
CITY-ST-ZIP	ORMOND BEACH, FL 32117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/18/06-80087-017 150.00

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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: _____Dale Johnson_____   2-2-06   352-685-0224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #