

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90278 044 ***150.00

DOCUMENT # P03000075962 1. Entity Name FITNESS FOR WOMEN, INC.			
Principal Place of Business 108 SUNSET POINT PALATKA, FL 32177		Mailing Address 108 SUNSET POINT PALATKA, FL 32177	
2. Principal Place of Business - No P.O. Box # 2020 W. Pensacola St. Suite, Apt. #, etc. # 46		3. Mailing Address 5300 Falling Star Dr. Suite, Apt. #, etc.	
City & State Tallahassee, FL Zip 32304		City & State Tallahassee, FL Zip 32303	
Country U.S.		Country U.S.	
4. FEI Number 20-0092858		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROWE, JOHN D SR 108 SUNSET POINT PALATKA, FL 32177		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PST	NAME ROWE, JOHN D SR	TITLE P	NAME Rowe, John D, Sr
STREET ADDRESS 108 SUNSET POINT	CITY-ST-ZIP PALATKA, FL 32177	STREET ADDRESS 108 Sunset Pt	CITY-ST-ZIP Palatka FL 32177
TITLE ST	NAME Misty A. Rowe	STREET ADDRESS 5300 Falling Star Dr	CITY-ST-ZIP Tallahassee, FL 32303
TITLE ST	NAME Misty A. Rowe	STREET ADDRESS 5300 Falling Star Dr	CITY-ST-ZIP Tallahassee, FL 32303
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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:		John D Rowe	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/20/07 386-325-4561	