

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000086656

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** JOURNEYS FITNESS AND WELLNESS, INC.

**Current Principal Place of Business:**

895 FOX VALLEY DRIVE  
109  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

895 FOX VALLEY DRIVE  
109  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 20-1075968

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STICKNEY, DEBORAH A LMT  
895 FOX VALLEY DRIVE  
109  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

LACZKO, DEBORAH S LMT  
895 FOX VALLEY DRIVE  
109  
LONGWOOD, FL 32779 US

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: DEBORAH S LACZKO

04/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LACZKO, DEBORAH S LMT  
Address: 895 FOX VALLEY DRIVE SUITE 109  
City-St-Zip: LONGWOOD, FL 32779

I hereby 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 all other like empowered.

SIGNATURE: DEBORAH S LACZKO

PRES

04/03/2012

Electronic Signature of Signing Officer or Director

Date