

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # P03000144736

1. Entity Name
FIT FOR HER, INC.



Principal Place of Business
**2451 SE OCEAN BLVD.
STUART, FL 34996**

Mailing Address
**2451 SE OCEAN BLVD.
STUART, FL 34996 US**



04112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0463391	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LAWLESS, SHAWN
2081 SOUTHEAST PYRAMID RD.
PORT ST. LUCIE, FL 34952**

**DO NOT WRITE
IN THIS SPACE**

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

Shawn Lawless
SHAWN LAWLESS

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	LAWLESS, SHAWN
STREET ADDRESS	2081 SOUTHEAST PYRAMID RD.
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/30/08-80036-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Shawn Lawless

4/11/08 772/288-9992