

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000144736

**Entity Name:** FIT FOR HER, INC.

**FILED**  
**Mar 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2771 SE OCEAN BLVD.  
STUART, FL 34996

**New Principal Place of Business:**

**Current Mailing Address:**

2771 SE OCEAN BLVD.  
STUART, FL 34996 US

**New Mailing Address:**

2771 SE OCEAN BLVD.  
STUART, FL 34996

**FEI Number:** 20-0463391

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LAWLESS, SHAWN  
Address: 2081 SOUTHEAST PYRAMID RD.  
City-St-Zip: PORT ST. LUCIE, FL 34952

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: SHAWN LAWLESS

PRES

03/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date