

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149804

FILED
Jun 29, 2005
Secretary of State

Entity Name: THE FIT & HEALTHY WOMAN, INC.

Current Principal Place of Business:

4102 MULLIGAN LANE
ACWORTH, GA 30101 US

New Principal Place of Business:

1058 ARLINGTON RD
JACKSONVILLE, FL 32211 US

Current Mailing Address:

4102 MULLIGAN LANE
ACWORTH, GA 30101 US

New Mailing Address:

1058 ARLINGTON RD
JACKSONVILLE, FL 32211 US

FEI Number: 57-1196723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANCH, WAYLENE
4746 UNIVERSITY BLVD. NORTH
JACKSONVILLE, FL 32277 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KOONTZ, SANDRA B
Address: 4102 MULLIGAN LANE
City-St-Zip: ACWORTH, GA 30101 US

Title: V () Delete
Name: BRANCH, WAYLENE B
Address: 4746 UNIVERSITY BLVD. NORTH
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: T () Delete
Name: KOONTZ, GARY W
Address: 4102 MULLIGAN LANE
City-St-Zip: ACWORTH, GA 30101 US

Title: S () Delete
Name: BRANCH, WAYNE Q
Address: 4746 UNIVERSITY BLVD. NORTH
City-St-Zip: JACKSONVILLE, FL 32277 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KOONTZ, SANDRA B
Address: 1058 ARLINGTON RD
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SANDRA B. KOONTZ

PRES

06/29/2005

Electronic Signature of Signing Officer or Director

Date