

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153499

Entity Name: L & K FITNESS, INC.

FILED
Jan 30, 2006
Secretary of State

Current Principal Place of Business:

ATTN: LAUREN S. KIEFER
6615 MAGNOLIA POINT DR.
LAND O LAKES, FL 34637

New Principal Place of Business:

Current Mailing Address:

ATTN: LAUREN S. KIEFER
6615 MAGNOLIA POINT DR.
LAND O LAKES, FL 34637

New Mailing Address:

FEI Number: 20-0577462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIEFER, LAUREN
23543 VISTAMAR COURT
LAND O'LAKES, FL 34639 US

Name and Address of New Registered Agent:

KIEFER, LAUREN
6615 MAGNOLIA POINT DRIVE
LAND O'LAKES, FL 34637 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: LAUREN S. KIEFER

01/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KIEFER, LAUREN
Address: 23543 VISTAMAR COURT
City-St-Zip: LAND O'LAKES, FL 34639

Title: VP () Delete
Name: STALUS, KIMBERLY
Address: 3544 MUNNINGS KNOLL
City-St-Zip: LAND O'LAKES, FL 34639

Title: S () Delete
Name: STALUS, JAMES
Address: 3544 MUNNINGS KNOLL
City-St-Zip: LAND O'LAKES, FL 34639

Title: T () Delete
Name: KIEFER, GEORGE R
Address: 23543 VISTAMAR COURT
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KIEFER, LAUREN
Address: 6615 MAGNOLIA POINT DRIVE
City-St-Zip: LAND O'LAKES, FL 34637

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

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

Title: T (X) Change () Addition
Name: KIEFER, GEORGE R
Address: 6615 MAGNOLIA POINT DRIVE
City-St-Zip: LAND O LAKES, FL 34637

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LAUREN S. KIEFER

P

01/30/2006

Electronic Signature of Signing Officer or Director

Date