

# ANNUAL REPORT (AR)

DOCUMENT # P04000015502

1. Entity Name

FITCORE FITNESS, INC.



**FILED**  
**Feb 28, 2007 08:00 AM**  
**Secretary of State**



Principal Place of Business

13205 US HWY 1, STE 111  
JUNO BEACH FL 33408  
US

Mailing Address

13205 US HWY 1, STE 111  
JUNO BEACH FL 33408  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 74-3112708

Applied For

(Not Applicable)

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

## 6. Name and Address of Current Registered Agent

DEARMIN, JOHN  
13205 US HWY 1, STE 111  
JUNO BEACH FL 33408

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	P	NAME	DEARMIN, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS			9241 SE DUNCAN ST	
CITY-STATE-ZIP			HOBE SOUND FL 33455	
TITLE	VP	NAME	DEARMIN, JILL	<input type="checkbox"/> Delete
STREET ADDRESS			9241 SE DUNCAN ST	
CITY-STATE-ZIP			HOBE SOUND FL 33455	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-STATE-ZIP				

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-STATE-ZIP				

000000650755  
03/09/07-80026-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*John Dearmin* JOHN DEARMIN

2/15/07

561-691-1949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #