

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000017169

Entity Name: PLAYFIT ENTERPRISES INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

6114 WOODARD LANE
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

Current Mailing Address:

6114 WOODARD LANE
GREEN COVE SPRINGS, FL 32043 US

New Mailing Address:

FEI Number: 20-0631363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUTRER, KEITH E
332 ST JOHNS AVE
PALATKA, FL 32177 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KNIGHT, JOHN S
Address: 6114 WOODARD LANE
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: VP (X) Delete
Name: HARRISON, JAMES E
Address: 6114 WOODARD LANE
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: VP () Delete
Name: HIERS, CHARLES D
Address: 6114 WOODARD LANE
City-St-Zip: GREEN COVE SPRINGS, FL 32177 US

Title: STD () Delete
Name: KNIGHT, DEBRA
Address: 6114 WOODARD LANE
City-St-Zip: GREEN COVE SPRINGS, FL 32177 US

Title: TREA () Delete
Name: CUTRER, KEITH E
Address: 332 ST JOHNS AVE
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SD (X) Change () Addition
Name: KNIGHT, DEBRA
Address: 6114 WOODARD LANE
City-St-Zip: GREEN COVE SPRINGS, FL 32177 US

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

I hereby certify that the information supplied with this filing does not qualify 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: JOHN S KNIGHT

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date