

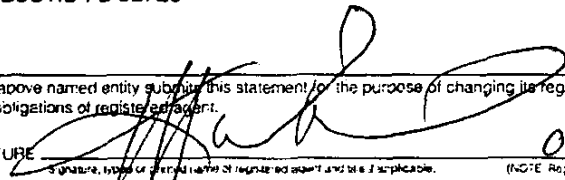
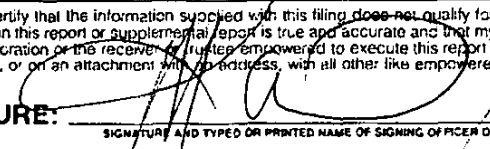
2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2008 8:00 am
Secretary of State

04-10-2008 90021 012 ***150.00

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1st MOORE CR2E034 (10/07)

DOCUMENT # P04000138845					
1. Entity Name EUSTIS FITNESS INC.					
Principal Place of Business 268 ARDICE AVE EUSTIS FL 32726 US			Mailing Address POB 2243 UMATILLA FL 32784 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 20-1711179 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent WARD, HAL K 268 ARDICE AVE EUSTIS FL 32726			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  OWNER DATE 4/29/08 (NOTE: Registered Agent signature required when registering.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	WARD, HAL K	NAME			
STREET ADDRESS	POB 2243	STREET ADDRESS			
CITY-ST-ZIP	UMATILLA FL 32784	CITY-ST-ZIP			
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	WARD, LISA J	NAME			
STREET ADDRESS	POB 2243	STREET ADDRESS			
CITY-ST-ZIP	UMATILLA FL 32784	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
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CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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:  OWNER			DATE: 4/29/08 / 352/6098793		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date / Reporting Period		