

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000024018

Entity Name: TAD'S FITNESS INC.

FILED  
Apr 29, 2008  
Secretary of State

## Current Principal Place of Business:

445 CHERYL CT  
JACKSONVILLE, FL 32259 US

## New Principal Place of Business:

## Current Mailing Address:

445 CHERYL CT  
JACKSONVILLE, FL 32259 US

## New Mailing Address:

FEI Number: 20-2341466

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOLTSINGER, DEBBIE  
445 CHERYL CT  
JACKSONVILLE, FL 32259 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: P ( ) Delete  
Name: HOLTSINGER, WALLACE  
Address: 445 CHERYL CT  
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: VP ( ) Delete  
Name: DIAFERIO, MICHAEL JR  
Address: 14066 OSPREY LINKS RD #292  
City-St-Zip: ORLANDO, FL 32837 US

Title: T ( ) Delete  
Name: HOLTSINGER, DEBBIE  
Address: 445 CHERYL CT  
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: DIR ( ) Delete  
Name: HOLTSINGER, DEBBIE  
Address: 445 CHERYL CT  
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: DIR ( ) Delete  
Name: HOLTSINGER, WALLACE  
Address: 445 CHERYL CT  
City-St-Zip: JACKSONVILLE, FL 32259 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: DIAFERIO, MICHAEL JR  
Address: 10774 LAZY LAKE DR  
City-St-Zip: ORLANDO, FL 32821 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 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: DEBBIE HOLTSINGER

T

04/29/2008

Electronic Signature of Signing Officer or Director

Date