


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 20, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000036155</b>		
1. Entity Name <b>BEACHES PILATES- FITNESS AND REHABILITATION, INC.</b>		
Principal Place of Business <b>523 4TH STREET NORTH JACKSONVILLE BEACH, FL 32250 US</b>	Mailing Address <b>523 4TH STREET NORTH JACKSONVILLE BEACH, FL 32250 US</b>	



07172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2460084</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LYONS, CYNTHIA  
523 4TH STREET NORTH  
JACKSONVILLE BEACH, FL 32250**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P LYONS, CYNTHIA 523 4TH STREET NORTH JACKSONVILLE BEACH, FL 32250</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TREA LYONS, CYNTHIA 523 4TH STREET NORTH JACKSONVILLE BEACH, FL 32250</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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07/20/07-80001-001 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Cynthia Lyons* **Cynthia Lyons** 7/17/07 (904) 249-5049  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #