

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90200 043 ***150.00

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1. Entity Name
FITNESS FUN, INC.



Principal Place of Business
**10359 CROSS CREEK
STE. B
TAMPA, FL 33647-2994**

Mailing Address
**10359 CROSS CREEK
STE. B
TAMPA, FL 33647-2994**

60034282



04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3001356

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GROSS, SAMANTHA D.
10319 VENITIA REEL
APT 302
TAMPA, FL 33647-2994**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME STOCK, WAYNE C.
STREET ADDRESS 17858 ARBOR GREENE DRIVE
CITY-ST-ZIP TAMPA, FL 33647

TITLE D
NAME STOCK, SUZANNE M
STREET ADDRESS 17858 ARBOR GREENE DRIVE
CITY-ST-ZIP TAMPA, FL 33647

TITLE D
NAME GROSS, SAMANTHA D
STREET ADDRESS 10319 VENITIA REAL APT 302
CITY-ST-ZIP TAMPA, FL 33647

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/08

Daytime Phone #

813-838-3067