

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000117906

1. Entity Name

TOTAL PERFORMANCE FITNESS, INC.



Principal Place of Business

2012 ALTA MEADOWS LANE #107  
DELRAY BEACH, FL 33444

Mailing Address

2012 ALTA MEADOWS LANE #107  
DELRAY BEACH, FL 33444

**FILED**  
**Sep 10, 2008 08:00 AM**  
**Secretary of State**



07262008

No Chg-P

CR2E034 (11/05)

4. FEI Number

20-2897309

Applied For

Not Applied

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

PEARLMAN, LAUREN  
2012 ALTA MAEADOWS LANE #107  
DELRAY BEACH, FL 33444

**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**  
**Due by September 12, 2008**

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  
P  
PEARLMAN, LAUREN  
2012 ALTA MEADOWS LANE #107  
DELRAY BEACH, FL 33444

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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09/10/08-80002-016-150.00

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 1 changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LAUREN PEARLMAN 7/27/08 561-596-3361