

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000119366

**FILED**  
**Sep 25, 2012**  
**Secretary of State**

**Entity Name:** FITNESS MANAGEMENT AND CONSULTING INC.

**Current Principal Place of Business:**

515 ROBERTS RD  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

516 DANDRIDGE LANE WEST  
JACKSONVILLE, FL 32259

**Current Mailing Address:**

515 ROBERTS RD  
JACKSONVILLE, FL 32259

**New Mailing Address:**

516 DANDRIDGE LANE WEST  
JACKSONVILLE, FL 32259

**FEI Number:** 26-0127093

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEINERT, PATRICK S  
515 ROBERTS RD  
JACKSONVILLE, FL 32259 US

**Name and Address of New Registered Agent:**

MEINERT, PATRICK S  
516 DANDRIDGE LANE WEST  
JACKSONVILLE, FL 32259 US

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:

09/25/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MEINERT, PATRICK S  
Address: 516 DANDRIDGE LANE WEST  
City-St-Zip: JACKSONVILLE, FL 32259

I hereby 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 all other like empowered.

SIGNATURE: PATRICK MEINERT

P

09/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date