

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90044 038 ***150.00

DOCUMENT # P05000129805

1. Entity Name
EFFEN FITNESS, INC.



Principal Place of Business
**2898 THAXTON DRIVE, UNIT 77
PALM HARBOR, FL 34684**

Mailing Address
**2898 THAXTON DRIVE, UNIT 77
PALM HARBOR, FL 34684**

2. Principal Place of Business - No P.O. Box #
941 CORTLAND WAY

3. Mailing Address
941 CORTLAND WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202008 Chg-P CR2E034 (12/06)

City & State
PALM HARBOR, FL

City & State
PALM HARBOR, FL

4. FEI Number
20-3507279

Applied For
Not Applicable

Zip
34683

Country

Zip
34683

Country

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

6. Name and Address of Current Registered Agent

DILLON, JEFFERY
2898 THAXTON DRIVE, UNIT 77 941 CORTLAND WAY
PALM HARBOR, FL 34684 34683

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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	P	<input type="checkbox"/> Delete
NAME	DILLON, JEFFERY	
STREET ADDRESS	2898 THAXTON DRIVE, UNIT 77 941 CORTLAND WAY	
CITY-ST-ZIP	PALM HARBOR, FL 34684 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 another like empowered.

SIGNATURE:

JEFFERY DILLON
PRESIDENT

3-4-08

727-7984688

Date

Daytime Phone #