2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 21, 2007 8:00 am Secretary of State

DOCÜMENT # P06000017731 1. Entity Name ISLAND FITNESS OF ST. AUGUSTINE, INC.						05-08-20	007 90019 023	***150.00
Principal Plac	o of Business			1				
Principal Place of Business 1023 A1A BEACH BLVD. ST. AUGUSTINE, FL 32080		Meiling Address 1023 A1A BEACH BLVD. ST. AUGUSTINE, FL 32080		:	1,00000011	6601962	T1 45151 MGM (8811 (8688 IN	ri Kêrtêl di Lêbi
Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04202007	Chg-P	CR2E034 (12/0	6)
City & State		City & State		<u>-</u>	4, FEI Numb	39025	8	Applied For Not Applicable
Zip	Country	untry Zip Cou		itry	5. Certificate	of Status Desired	□ \$8.75 . Fee Requ	Additional
	6. Name and Address of Current		7. Name and	Address of New R	legistered Agent			
	*******		Name					
NAECKER, MARY V 2189 EL LAGO WAY				Street Address (P.O. Box Number is Not Acceptable)				
	VILLE, FL 32224							
•								
	<i>f</i> 5	City		City		-	FL Zip C	ode .
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 regulated agent and \$50 if applicables. (NOTE: Registered Agent algorithms required when retrievaling) DATE								
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					.00 May Be led to Fees			
10. OFFICERS AND DIRECTORS			11.	-	ADDITIONS.	CHANGES TO OFF	ICERS AND DIRECTO	DRS IN 11
MLE	P	☐ Deleta	TITL				☐ Chang	e 🔲 Addition
NAME CONTY ADDRESS	NAECKER, MARY V		HAM	E ZZBROORESS				
STREET ADDRESS CITY-ST-ZIP	2189 EL LAGO WAY JACKSONVILLE, FL 32224			·ST·ZIP				
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NAME STREET ADDRESS			NAM STRE	E Et adoress				
CITY-SI-ZIP	{			-S1-ZIP				
12 I basebu	i certify that the information supplied wit	h this filing does not qualify fo	r the ex	emplions contained	d in Chapter 119	, Florida Statutes. I	further certify that th	a 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 of 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.								