2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State
03-12-2008 90036 020 ***150.00

DOCUMENT # **P06000071047**

1. Entity Name

ANYTIME FITNESS SPRING HILL, INC.

Principal Place of Business	Mailing Address
14223 POWELL ROAD SPRING HILL FL 34609 US	2357 GODFREY AV SPRING HILL FL 34609 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/07)

4. FEI Number 20-4916595 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCNAMARA, PETER 2357 GODFREY AV SPRING HILL FL 34609	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 PETER MCNAMARA 2/28/08
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when remaining) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVST ☐ Delete	TITLE	P, T ☒ Change ☐ Addition
NAME	MCNAMARA, PETER	NAME	MCNAMARA, PETER
STREET ADDRESS	2357 GODFREY AV CHANGE →	STREET ADDRESS	2357 GODFREY AVE
CITY-ST-ZIP	SPRING HILL FL 34609	CITY-ST-ZIP	SPRING HILL FL 34609
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCNAMARA, PETER	NAME	
STREET ADDRESS	2357 GODFREY AV	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	V, S ☐ Change ☒ Addition
NAME		NAME	MCNAMARA, RHONDA
STREET ADDRESS		STREET ADDRESS	2357 GODFREY AVE
CITY-ST-ZIP		CITY-ST-ZIP	SPRING HILL FL 34609
TITLE	☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME		NAME	MCNAMARA, RHONDA
STREET ADDRESS		STREET ADDRESS	2357 GODFREY AVE
CITY-ST-ZIP		CITY-ST-ZIP	SPRING HILL FL 34609
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: PETER MCNAMARA 2/28/08 352-398-3161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #