

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000125869

Entity Name: CAFE FIT, INC.

FILED  
Apr 08, 2009  
Secretary of State

## Current Principal Place of Business:

105 HUGHES ST.  
FT. WALTON BEACH, FL 32548 US

## New Principal Place of Business:

107 HUGHES ST.  
FT. WALTON BEACH, FL 32548 US

## Current Mailing Address:

924 CLAEVEN CIRCLE  
FT. WALTON BEACH, FL 32547 US

## New Mailing Address:

FEI Number: 20-5619038      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOOD, JOANNE R  
924 CLAEVEN CIRCLE  
FT. WALTON BEACH, FL 32547 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P-D ( ) Delete  
Name: WOOD, JOANNE R  
Address: 924 CLAEVEN CIRCLE  
City-St-Zip: FT. WALTON BEACH, FL 32547 US

Title: VP-D ( ) Delete  
Name: WOOD, ROBERT M  
Address: 924 CLAEVEN CIRCLE  
City-St-Zip: FT. WALTON BEACH, FL 32547 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOANNE WOOD

PRES

04/08/2009

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

\_\_\_\_\_  
Date