

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000078709

FILED
Apr 17, 2008
Secretary of State

Entity Name: ALPHA FITNESS OF ST. AUGUSTINE INC.

Current Principal Place of Business:

1936 US 1 SOUTH
ST. AUGUSTINE, FL 320860000

New Principal Place of Business:

1936 US 1 SOUTH
ST. AUGUSTINE, FL 32086

Current Mailing Address:

1936 US 1 SOUTH
ST. AUGUSTINE, FL 320860000

New Mailing Address:

1936 US 1 SOUTH
ST. AUGUSTINE, FL 32086

FEI Number: 74-3219930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COCHRAN, KATHY
4902 SHORE DRIVE
ST. AUGUSTINE, FL 32086 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: PS () Delete
Name: COCHRAN, PHILLIP
Address: 1936 US 1 SOUTH
City-St-Zip: ST. AUGUSTINE, FL 320860000

Title: VT () Delete
Name: COCHRAN, KATHY
Address: 1936 US 1 SOUTH
City-St-Zip: ST. AUGUSTINE, FL 320860000

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: KATHY COCHRAN

VT

04/17/2008

Electronic Signature of Signing Officer or Director

Date