

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000082194

Entity Name: J C FITNESS, INC.

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

2126 N.E. 44TH STREET
LIGHTHOUSE POINT, FL 33064

New Principal Place of Business:

4814B WEST BEXLEY PARK DRIVE
DELRAY BCH, FL 33445

Current Mailing Address:

2126 N.E. 44TH STREET
LIGHTHOUSE POINT, FL 33064

New Mailing Address:

4814B WEST BEXLEY PARK DRIVE
DELRAY BCH, FL 33445

FEI Number: 26-0556041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARROLL, JAMIE
2126 N.E. 44TH STREET
LIGHTHOUSE POINT, FL 33064 US

Name and Address of New Registered Agent:

CARROLL, JAMIE
4814B WEST BEXLEY PARK DRIVE
DELRAY BCH, FL 33445 US

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:

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: CARROLL, JAMIE
Address: 2126 N.E. 44TH STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: CARROLL, JAMIE
Address: 4814B WEST BEXLEY PARK DRIVE
City-St-Zip: DELRAY BCH, FL 33445

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: JAMIE L. CARROLL

P.D

04/24/2009

Electronic Signature of Signing Officer or Director

Date