

# FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

11 JUN 16 PM 12:44

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

CR2E034B (1/11)

DOCUMENT # <b>08000005200</b>	
1. Entity Name <b>Staying Fit 4 Life Inc.</b>	


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2. Principal Place of Business - No P.O. Box # <b>9115 Pristine Circle</b>		3. Mailing Address <b>STAYING Fit 4 LIFE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>P.O. Box 681250</b>	
City & State <b>Orlando FL</b>	City & State <b>Orlando, FL</b>	4. FEI Number <b>38-3774243</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32818</b>	Country	Zip <b>32868</b>	Country

7. Name and Address of Current Registered Agent	
Name <b>Mark Jones</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>9115 Pristine Circle</b>	
City <b>Orlando</b>	FL Zip Code <b>32818</b>

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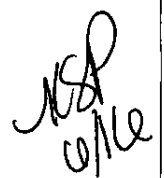
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

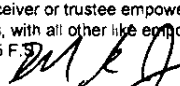
SIGNATURE 	DATE <b>5-15-11</b>
(NOTE: Registered Agent signature required when re-instating)	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees E-mail Address: <b>MJFor7@gmail.com</b> E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Mark Jones 9115 Pristine Circle Orlando, FL 32818</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.		
SIGNATURE: 	DATE <b>5-15-11</b>	Daytime Phone # <b>407-275-0861</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		