2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006
Secretary of State

DOCUMENT# P94000046991

Entity Name: FIT "N" FUNCTION, INC.

Current Principal Place of Business:

6481 RIVER POINT DRIVE
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

6481 RIVER POINT DRIVE
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

4720 SALISBURY ROAD, SUITE 56
C/O J. KEITH M. SANDS
JACKSONVILLE, FL 32256

FEI Number: 59-3249251 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

J. KEITH M SANDS, P.A.
7800 BELFORT PARKWAY
SUITE 100
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

J. KEITH M SANDS, P.A.
4720 SALISBURY ROAD
SUITE 56
JACKSONVILLE, FL 32256 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: J. KEITH M. SANDS 05/22/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TRANE, GERALD H
Address: 6481 RIVER POINT DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VST ( ) Delete
Name: TRANE, SHIRLEY K
Address: 6481 RIVER POINT DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: AVP (X) Delete
Name: MICHAEL, PAUL D
Address: 2014 PRESIDENT ST
City-St-Zip: PALATKA, FL

Title: AVP (X) Delete
Name: BROWN, ADRIAN
Address: 2014 PRESIDENT ST
City-St-Zip: PALATKA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: GERALD H. TRANE P 05/22/2006
Electronic Signature of Signing Officer or Director Date