

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000088466

Entity Name: ALL 4 FITNESS INC.

**FILED**  
**Jan 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

832 ANCHOR RODE DR  
NAPLES, FL 34103 US

**New Principal Place of Business:**

**Current Mailing Address:**

149 FOREST LAKES BLVD  
STE 103  
NAPLES, FL 34105 US

**New Mailing Address:**

FEI Number: 65-0553976

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REED, PATTI  
149 FOREST LAKES BLVD  
STE 103  
NAPLES, FL 34105 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: REED, PATTI  
Address: 149 FOREST LAKES BLVD STE 103  
City-St-Zip: NAPLES, FL 34105 US

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA S REED

OWNE

01/07/2012

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

\_\_\_\_\_  
Date