

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000020041

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** FITNESS DEVELOPMENT AND CONSULTANT SERVICES LIMITED, INC.

**Current Principal Place of Business:**

9420 FOUNTAIN MEDICAL CT  
101  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

9420 FOUNTAIN MEDICAL CT  
101  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

**FEI Number:** 65-0695558

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HENSLEY & COMPANY PA  
9420 FOUNTAIN MEDICAL CT  
101  
BONITA SPRINGS, FL 34135 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

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: D  
Name: KELL, THOMAS  
Address: 10280 TRADITION PL  
City-St-Zip: LONE TREE, CO 80124

Title: D  
Name: KELL, MARY ELLEN  
Address: 10280 TRADITION PL  
City-St-Zip: LONE TREE, CO 80124

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: THOMAS KELL

D

05/03/2010

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

\_\_\_\_\_  
Date