

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90044 005 ***150.00

DOCUMENT # P96000027760	
1. Entity Name ERBAUGH'S AUTO FITNESS, INC.	

Principal Place of Business 10300-1 BEACH BLVD. JACKSONVILLE FL 32246	Mailing Address 10300-1 BEACH BLVD. JACKSONVILLE FL 32246 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-3377421	Applied For ☐
	Not Applicable ☐

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ERBAUGH, BRIAN 10300-1 BEACH BLVD. JACKSONVILLE FL 32216	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____
Signature, typed or printed name of registered agent and true representation. (NOTE: Registered Agent signature required when renouncing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OS CLARE, JACK W 511 MIKEN RD JACKSONVILLE FL 32216 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ERBAUGH, DANNY 9974 HAWKS HOLLOW RD JACKSONVILLE FL 32257 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERBAUGH, BRIAN 9983 JEANETTE ROAD JACKSONVILLE FL 32246 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRAL, STUART 5644 HICKSON RD. JACKSONVILLE, FL. 32207 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OS CLARE, JACK W. 1210 PALMER TERRACE JACKSONVILLE, FL. 32207 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERBAUGH, BRIAN 2924 PEAK DR JACKSONVILLE, FL. 32246 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRAL, STUART 5644 HICKSON RD JACKSONVILLE, FL. 32207 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **BRIAN L. ERBAUGH** 1-23-08 (904) 642-0333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR