


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90015 010 \*\*\*150.00

<b>DOCUMENT # P96000046964</b>	
1. Entity Name <b>FIT FOR LIFE OF NORTH CENTRAL FLORIDA, INC.</b>	

Principal Place of Business <b>618 NW 60TH ST J GAINESVILLE, FL 32607 US</b>	Mailing Address <del>10 NW 80TH BLVD</del> <del>GAINESVILLE, FL 32607</del>
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**40026867**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>24310 NE 35TH AVENUE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>MELROSE, FL</b>	
Zip	Country	Zip <b>32666</b>	Country

01172007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3385811</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>VAES, ROBERTA 10 NW 80TH BLVD GAINESVILLE, FL 32607</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VAES, LAMBERT</b> <b>10 NW 80TH BLVD</b> <b>GAINESVILLE, FL 32607</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>O'REILLY, MONICA</b> <b>24310 NE 35TH AVENUE</b> <b>MELROSE, FL 32666</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VAES, ROBERTA</b> <b>10 NW 80TH BLVD</b> <b>GAINESVILLE, FL 32607</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Monica O'Reilly*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/1/07*

Date

*352-332-3488*

Daytime Phone \*