

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000046964

FILED  
Mar 29, 2010  
Secretary of State

Entity Name: FIT FOR LIFE OF NORTH CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

618 NW 60TH ST  
SUITE J  
GAINESVILLE, FL 32607 US

**New Principal Place of Business:**

**Current Mailing Address:**

618 NW 60TH ST  
SUITE J  
GAINESVILLE, FL 32607 US

**New Mailing Address:**

FEI Number: 59-3385811

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

O'REILLY, MONICA  
618 NW 60TH STREET  
SUITE J  
GAINESVILLE, FL 32607 US

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

O'REILLY, MONICA B  
618 NW 60TH STREET  
SUITE J  
GAINESVILLE, FL 32607 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: MONICA O'REILLY

03/29/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: O'REILLY, MONICA B  
Address: 24310 NE 35TH AVE.  
City-St-Zip: MELROSE, FL 32666

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: MONICA O'REILLY

DP

03/29/2010

Electronic Signature of Signing Officer or Director

Date