

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90049 012 ***150.00

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1. Entity Name
FUTURE FITNESS OF NORTH FLORIDA, INC.



Principal Place of Business
**1445 SW MAIN BLVD
SUITE 130
LAKE CITY, FL 32025**

Mailing Address
**1445 SW MAIN BLVD
SUITE 130
LAKE CITY, FL 32025**

DO NOT WRITE IN THIS SPACE

02022007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3232093

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBERTSON, DAVID M
10 NORTH COLUMBIA STREET
LAKE CITY, FL 32055**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing -
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CURTIS, TONY
STREET ADDRESS	ROUTE 46, BOX 4221 427 Wise Drive
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Tony M. Curtis* **Tony M. Curtis President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-7-07

Daytime Phone #

386-752-3100