

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90045 028 ***150.00

DOCUMENT # P98000106700

1. Entity Name
THE PHYSICAL FITNESS INSTITUTE, INC.



Principal Place of Business
1328 SE 25TH LOOP
STE 104
OCALA, FL 34471

Mailing Address
1328 SE 25TH LOOP
STE 104
OCALA, FL 34471



01062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0900174

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FAKHOURY, TAMARA G
1251 SW 43RD PL
OCALA, FL 34474

**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

Tamara G. Fakhoury

(NOTE: Registered Agent signature required when renewing)

DATE

1/20/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 FAKHOURY, TAMARA G
STREET ADDRESS 1251 SW 43RD PL
CITY-ST-ZIP OCALA, FL 34474

TITLE D
NAME ~~FAKHOURY, JAMAL A~~
STREET ADDRESS ~~1251 SE 43RD PL~~
CITY-ST-ZIP ~~OCALA, FL 34474~~

delete

TITLE
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NAME
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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:

Tamara G. Fakhoury

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/08 352 2666197