

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000010054

**FILED**  
**Jun 17, 2010**  
**Secretary of State**

**Entity Name:** FITNESS FOR LIFE OF NAPLES, INC.

**Current Principal Place of Business:**

1045 COLLIER CENTER WAY  
4  
NAPLES, FL 34110

**New Principal Place of Business:**

28811 S TAMIAMI TRAIL  
SUITE 13  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

26843 LOST WOODS CIRCLE  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

28811 S TAMIAMI TRAIL  
SUITE 13  
BONITA SPRINGS, FL 34134

**FEI Number:** 59-3553413

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ISCHE, ZACHARY A  
26843 LOST WOODS CIRCLE  
BONITA SPRINGS, FL 34135 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: ISCHE, ZACHARY A  
Address: 26843 LOST WOODS CIRCLE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: P  
Name: MAY, CHADWICK R  
Address: 659 92ND AVE N  
City-St-Zip: NAPLES, FL 34108

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: ZACH ISCHE

C

06/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date