

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000021313

Entity Name: KOKOPELLI'S GYM, INC.

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

390 SANSU COURT  
LONGWOOD, FL 32750 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 181792  
CASSELBERRY, FL 327181792

**New Mailing Address:**

FEI Number: 59-3561062

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POLLOCK, ADAM  
390 SANSU COURT  
LONGWOOD, FL 32750 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: P  
Name: POLLOCK, ADAM  
Address: PO BOX 181792  
City-St-Zip: CASSELBERRY, FL 32718

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: ADAM POLLOCK

PRES

04/26/2012

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

\_\_\_\_\_  
Date