

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90119 048 ***150.00

DOCUMENT # S80267	
1. Entity Name FIT CLUB, INC.	



Principal Place of Business 2435 CLAIRE AVE NEW SMYRNA BEACH, FL 32168	Mailing Address 2435 CLAIRE AVE NEW SMYRNA BEACH, FL 32168
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2. Principal Place of Business 196 N. INDUSTRIAL DR	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ORANGE CITY, FL	City & State
Zip 32763	Country FLORIDA

4004100



03012006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3084308	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ELLIS, TODD K 2435 CLAIRE AVE NEW SMYRNA BEACH, FL 32168	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELLIS, TODD K 2435 CLAIRE AVE NEW SMYRNA BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELLIS, ELIZABETH M 2435 CLAIRE AVE NEW SMYRNA BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELLIS, KEVIN J 2435 CLAIRE AVE NEW SMYRNA BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Todd K. Ellis Todd K. Ellis 3/07/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

40041252

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

FIT CLUB, INC.
2435 CLAIRE AVE
NEW SMYRNA BEACH, FL 32168SUBJECT: FIT CLUB, INC.
Ref. Number: S80267

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

PAMELA YARBOR
OPS

Letter Number: 806A00014698

GYMNASTICS, DANCE & CHEER ACADEMY
FUN IN TUMBLING
196 NORTH INDUSTRIAL DRIVE
ORANGE CITY, FLORIDA 32763
386-774-4348

PAYMENT FOR
ANNUAL
CORPORATE
DUES
Document S80267

FIRST COMMUNITY BANK
2240 S. VOLUSIA AVE.
ORANGE CITY, FL 32774-0278

63-1280/631

4891

PAY

ONE - HUNDRED + FIFTY

XX / 100 DOLLARS

PAY TO THE ORDER OF	DATE	CHECK NUMBER	CHECK AMOUNT
FLORIDA DEPARTMENT OF STATE	2/1/06	4891	150.00

FIT CLUB, INC.

⑈004891⑈ ⑆063112809⑆ 0146110052⑈