

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 412678

**Entity Name:** BODY CENTRAL STORES, INC.

**Current Principal Place of Business:**

6225 POWERS AVE.  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

6225 POWERS AVE.  
JACKSONVILLE, FL 32217

**FEI Number: 59-1444782**

**Certificate of Status Desired: Yes**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title CEO, DIRECTOR

Name WOOLF, BRIAN

Address 6225 POWERS AVE.

City-State-Zip: JACKSONVILLE FL 32217

Title CFO, COO, TREASURER, DIRECTOR

Name STOLTZ, TOM

Address 6225 POWERS AVE.

City-State-Zip: JACKSONVILLE FL 32217

Title VP, SECRETARY, ASST. TREASURER

Name TIM, BENSON

Address 6225 POWERS AVE.

City-State-Zip: JACKSONVILLE FL 32217

*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: TOM STOLTZ**

**CFO, COO, TREASURER**

**04/16/2014**

Electronic Signature of Signing Officer/Director Detail

Date