

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000111902

1. Entity Name

MCGREGOR'S MARTIAL ARTS, INC.



Principal Place of Business

**7607 PURITAN RD.
ORLANDO, FL 38207 US**

Mailing Address

**7607 PURITAN RD.
ORLANDO, FL 38207 US**



02062004 No Chg-P CR2E034 (10/03)

4. FEI Number

33-1030061

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MARINO, MONICA
1035 TROUT CREEK CT.
OVIEDO, FL 32765**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MCGREGOR, SHARALYN
7607 PURITAN RD
ORLANDO, FL 32807**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
LEE, DEBORAH
7607 PURITAN RD
ORLANDO, FL 32807**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
MARINO, LOUIS
1035 TROUT CREEK CT
OVIEDO, FL 32765**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
MARINO, MONICA
1035 TROUT CREEK CT
OVIEDO, FL 32765**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000087014
03/12/04-80045-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Monica Marino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/04

Date

407-620-1454

Daytime Phone #