

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000027248

**Entity Name:** WARRIOR DEFENSE MARTIAL ARTS, INC.

**Current Principal Place of Business:**

1750 LEXINGTON AVE  
DELAND, FL 32724

**Current Mailing Address:**

2845 COLEMAN AVE  
DELAND, FL 32724

**FEI Number:** 20-8584931

**Certificate of Status Desired:** No

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

MARK, DIANE P  
2845 COLEMAN AVE  
DELAND, FL 32724 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 P  
Name MARK, GINGER  
Address 2745 COLEMAN AVE  
City-State-Zip: DELAND FL 32724

Title D  
Name MARK, RAYMOND E  
Address 2745 COLEMAN AVE.  
City-State-Zip: DELAND FL 32724

Title S  
Name MARK, DIANE P  
Address 2845 COLEMAN AVENUE  
City-State-Zip: DELAND FL 32724

Title T  
Name MARK, HOWARD E  
Address 2845 COLEMAN AVENUE  
City-State-Zip: DELAND FL 32724

*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:** DIANE P MARK

**SECRETARY**

**04/28/2017**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date