

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000039504

**FILED**  
**Mar 09, 2016**  
**Secretary of State**  
**CC1601695248**

**Entity Name:** PERKINS FAMILY MARTIAL ARTS, INC.

**Current Principal Place of Business:**

5371 TRIBUNE DRIVE  
ORLANDO, FL 32812

**Current Mailing Address:**

5371 TRIBUNE DRIVE  
ORLANDO, FL 32812

**FEI Number:** 46-5617365

**Certificate of Status Desired:** No

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

PERKINS, STEVE  
5371 TRIBUNE DRIVE  
ORLANDO, FL 32812 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            OWNER  
Name            PERKINS , STEVEN C  
Address        5371 TRIBUNE DRIVE  
City-State-Zip: ORLANDO FL 32812

Title            OWNER  
Name            PERKINS, LORI C  
Address        5371 TRIBUNE DRIVE  
City-State-Zip: ORLANDO FL 32812

*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:** STEVEN PERKINS

**OWNER**

**03/09/2016**

Electronic Signature of Signing Officer/Director Detail

Date