

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 534204

FILED  
Feb 25, 2004  
Secretary of State

Entity Name: WISEMAN GYMNASTICS ACADEMY, INC.

## Current Principal Place of Business:

15617 OLD 441  
TAVARES, FL 32778 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 528  
MOUNT DORA, FL 32756

## New Mailing Address:

FEI Number: 59-1766896

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WISEMAN, RANDALL E.  
1180 ANNIE STREET, P.O. BOX 528  
MT. DORA, FL 32757

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: STD ( ) Delete  
Name: WISEMAN, RANDALL E.,  
Address: 1180 ANNIE ST  
City-St-Zip: MT. DORA, FL

Title: PD ( ) Delete  
Name: WISEMAN, LU ANNE C.,  
Address: 1180 ANNIE ST  
City-St-Zip: MT. DORA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition  
Name: WISEMAN, RANDALL E.,  
Address: 1180 ANNIE ST  
City-St-Zip: MT. DORA, FL 32757

Title: PD (X) Change ( ) Addition  
Name: WISEMAN, LU ANNE C.,  
Address: 1180 ANNIE ST  
City-St-Zip: MT. DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LUANNE C. WISEMAN

MRS.

02/25/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date