

2005 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90086 014 ***150.00

DOCUMENT # L02053

1. Entity Name

SHO-REI-SHOBU-KAN OF CENTRAL FLORIDA, INC.



Principal Place of Business

1780 PARK AVE., NORTH, SUITE 3
MAITLAND FL 32751

Mailing Address

1780 PARK AVE., NORTH, SUITE 3
MAITLAND FL 32751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2958123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCINTOSH, DONALD W JR
1780 PARK AVE., NORTH, SUITE 3
MAITLAND FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MCINTOSH, DONALD
STREET ADDRESS 2072 VENETIAN WAY
CITY-ST-ZIP WINTER PARK FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 211 Genius Drive
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40031937

TRANSMITTAL FORM # L02053

Donald W. McIntosh Associates, Inc.

2200 Park Avenue North Winter Park, FL 32789

phone 407-644-4068 fax 407-644-8318 fax accounting 407-644-3369

Via:

MAIL ☒ UPS ☐ FACSIMILE ☐ COURIER ☐ PICKED-UP ☐

Date

March 7, 2005

Time

To

FL Dept. of State

Company

Address

Fax No.

Phone No.

Job Name

Job No.

From

Beverly Robinson

Remarks

Annual Report Filing (6)
1) Compux, Inc.
2) Park Ave Developers
3) Park Ave Massage
4) Sho-Rei-Shoby-Kan
5) D.W. McIntosh Assoc
6) Closure Corp.

Hard Copy to Follow

☐ Yes

☐ No

Number of pages sent: _____ (including this page).

If all pages were not received, call Beverly Robinson at 407-644-4068.

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