2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L37413  1. Entity Name POFF TAEKWONDO KARATE SCHOOL, INC.				FILED  05 SEP 16 PH 12: 35			
800 SHOREL	ncipal Place of Business Mailing Address O SHORELINE DR. 1468 COLLEGE PKWY LF BREEZE, FL 32561 US GULF BREEZE, FL 32561 L		us	υξ( TALL	TALLAHASSEE, F 50056927		
				07012005	No Chg-P	CR2E034 (10/03)	
				4. FEI Numb	er	Applied For	
				59-246 5. Certificate	64640 of Status Desired	Not Applicable	
6. Name and Address of Current Registered Agent					·	7 00 7 10 quil 0 u	
	RRI LEGE PKWY. EEZE, FL 32561						
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						DATE	
FILE NOWII FEE IS \$550.00  Due by September 7, 2005  9. Election Campaign Finance Trust Fund Contribution.				5.00 May Be Ided to Fees			
10.	OFFICERS AND DI	RECTORS			<u> </u>		
TITLE NAME	D POFF, WILLIAM						
STREET ADDRESS CITY-ST-ZIP	1468 COLLEGE PKWY		000059788040 09/20/0501054019 ***150.0)				
TITLE	GULF BREEZE, FL D	-	03/20/0501054019 *0150.03				
NAME STREET ADDRESS	POFF, TERRI						
CITY-ST-ZIP	1468 COLLEGE PKWY GULF BREEZE, FL						
TITLE							
NAME STREET ADDRESS							
CITY-ST-ZIP	······································	·····	-				
TITLE NAME							
STREET ADDRESS CITY-ST-ZIP							
TITLE			-				
NAME Street address						·	
CITY-ST-ZIP			_				
TITLE NAME							
STREET ADDRESS CITY-ST-ZIP			1				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Vi). Florida Statutes, I further certify that the information							
indicated on this report or supplemental report is true and eccurate 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 [ [ 127 9323965							

## ATTACHMENT 20046927

William and Terri Poff 1468 College Pkwy. Gulf Breeze, FL 32563 (850)932-3965

DBA: Poff Taekwondo-Karate School

FEI # 59-64640 William ss# 265-31-7996 Terri ss# 265-31-8282

August 22, 2005

## TO WHOM IT MAY CONCERN:

As a result of Hurricanes Ivan and Dennis, our karate school has earned less than \$6,000.00 over the past 12 months.

Would it be possible to get a waiver on tax/license?

We have not applied for FEMA or a SBA loan because we feel that there are many people who need the money more than us. We both have other jobs as well. William is a nurse and I am a teacher.

Our home sustained over \$10,000.00 in hurricane damage not covered by our homeowner's insurance. We simply are broke.

Please call or write us and let us know if you will provide a waiver.

Thank you for your consideration.



## ATTACHMENT SOULGAZT

## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 25, 2005

POFF TAEKWONDO KARATE SCHOOL, INC. 1468 COLLEGE PKWY GULF BREEZE, FL 32561 US

SUBJECT: POFF TAEKWONDO KARATE SCHOOL, INC. Ref. Number: L37413

We have received your document for POFF TAEKWONDO KARATE SCHOOL, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$150.00.

Our office will consider waiving the reinstatement fee provided you return your corrected document, your letter requesting a waiver, this letter and your check(s) totaling \$150.00 within 30 days of the date of this letter.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Marquitta Williams Document Specialist

Letter Number: 805A00053889