

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90049 013 ****61.25

DOCUMENT # N03000009147

1. Entity Name

VIKTORY GYMNASTICS, INC.



Principal Place of Business

**6606 KINGSPORTE PARKWAY
ORLANDO FL 32819**

Mailing Address

**6606 KINGSPORTE PARKWAY
ORLANDO FL 32819**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

90-0119266

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

**WATSON, JULIE
6606 KINGSPORTE PARKWAY
ORLANDO FL 32819**

Name **Macey Watson**

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

6606 KingSporte Phwy

City **Orlando**

FL

Zip Code

32819

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 re-electing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WATSON, JULIE PRES.**
STREET ADDRESS **5518 ARNOLD PALMER DR., APT. 1238**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **D** ☒ Delete
NAME **WATSON, KARL**
STREET ADDRESS **3900 WEST ROBINSON STREET**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **D** ☐ Delete
NAME **WATSON, MACEY**
STREET ADDRESS **5518 ARNOLD PALMER DR., APT. 1238**
CITY-ST-ZIP **ORLANDO FL 32811**

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 10

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

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

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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 changes approved.

SIGNATURE

Macey Watson 1/29/06 (407) 226-8900