2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011048

FILED Jun 05, 2005 Secretary of State

Entity Name: SOUTHWEST FLORIDA FENCING ACADEMY, INC.

Current Principal Place of Business: New Principal Place of Business:

4210 FOWLER ST., UNIT 9 & 10 4210 FOWLER ST. FT. MYERS, FL 33901 UNIT 9 & 10

FT. MYERS, FL 33901 US

Current Mailing Address: New Mailing Address:

4210 FOWLER ST., UNIT 9 & 10 1425 ALCAZAR AVE.

FT. MYERS, FL 33901 FT. MYERS, FL 33901 US

FEI Number: 20-2001867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

TRUMAN J. COSTELLO, P.A.

12670 NEW BRITTANY BLVD., STE. 101

LEUNG, STEPHEN
1425 ALCAZAR AVE

FT. MYERS, FL 33907 US FT. MYERS, FL 33901 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: STEPHEN LEUNG 06/05/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: D () Delete Title: P (X) Change () Addition

 Name:
 SOKOL, THOMAS
 Name:
 LABODA, AMY

 Address:
 4210 FOWLER ST., UNIT 9 & 10
 Address:
 18735 BASELEG AVE.

 City-St-Zip:
 FT. MYERS, FL 33901
 City-St-Zip:
 FT. MYERS, FL 33917 US

Title: D () Delete Title: V (X) Change () Addition

Name: PROPORT, JIM Name: KELLY, MARK

 Address:
 4210 FOWLER ST., UNIT 9 & 10
 Address:
 4929 SEVILLE CT.

 City-St-Zip:
 FT. MYERS, FL 33901
 City-St-Zip:
 CAPE CORAL, FL 33904 US

Title: D () Delete Title: SD (X) Change () Addition

Name: JOHNSON, CHARLES Name: JOHNSON, CHARLES
Address: 4210 FOWLER ST., UNIT 9 & 10 Address: 4165 EAST RIVER DR.

Address: 4210 FOWLER ST., UNIT 9 & 10 Address: 4165 EAST RIVER DR.

City-St-Zip: FT. MYERS, FL 33901 City-St-Zip: FT. MYERS, FL 33907 US

 $\label{eq:title:definition} \mbox{Title:} \qquad \mbox{D} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{T} \qquad \mbox{(X) Change () Addition}$

 Name:
 MORGAN, MICHAEL
 Name:
 LEUNG, STEPHEN

 Address:
 4210 FOWLER ST., UNIT 9 & 10
 Address:
 1425 ALCAZAR AVE.

 City-St-Zip:
 FT. MYERS, FL 33901
 City-St-Zip:
 FT. MYERS, FL 33901 US

 Name:
 PETTYMAN, MICHELE
 Name:
 PRETTYMAN, MICHELE

 Address:
 4210 FOWLER ST., UNIT 9 & 10
 Address:
 19143 CALOOSA RD.

 City-St-Zip:
 FT. MYERS, FL 33901
 City-St-Zip:
 FT. MYERS, FL 33912 US

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 SOKOL, THOMAS

 Address:
 Address:
 3381 13TH AVE. S.W.

 City-St-Zip:
 City-St-Zip:
 NAPLES, FL 34117 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN LEUNG T 06/05/2005