


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N06000006714</b> 1. Entity Name <b>TAMPA BAY JUDO &amp; AIKIDO DOJO, INC.</b>	
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Principal Place of Business <b>1005 W BUSCH BLVD STE 201 TAMPA, FL 33612</b>	Mailing Address <b>1005 W BUSCH BLVD STE 201 TAMPA, FL 33612</b>
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04282008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>76-0831016</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**NAKAMURA, GLENN A  
1005 W BUSCH BLVD STE 201  
TAMPA, FL 33612**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000937941 05/27/08-80068-023 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NAKAMURA, GLENN A 3220 LAUREL DALE DR TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO BUTTITA, LOUIS J 4110 HUDSON AVE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO HUGHEY, JOSEPH A 6580 2ND AVE S ST PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO BROWNING, CRAIG 2019 S CAROLINA AVE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO TREESE, PHIL V 1005 W BUSCH BLVD #201 TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 like empowered.

**SIGNATURE:**  **04-28-08 813-933-2436**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #