

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

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000004402

1. Entity Name
TOP GUN BOXING ACADEMY, INC.



Principal Place of Business
**1078 SHADICK DR.
ORANGE CITY, FL**

Mailing Address
**305 TRAILBLAZER DR
LAKE HELEN, FL 32744 US**



01222008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3072858

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GUENOT, THOMAS V
305 TRAILBLAZER DR
LAKE HELEN, FL 32744**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUENOT, THOMAS V 305 TRAILBLAZER DR LAKE HELEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUENOT, SANDRA J 305 TRAILBLAZER DRIVE LAKE HELEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETOSA, STEPHEN J 325 TRAILBLAZER DR LAKE HELEN, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/01/08-80002-007 61.25

**DO NOT WRITE
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:

Thomas V. Guenot **Thomas V. Guenot**

2-10-08

386 228-9931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #