2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 15, 2004 8:00 am DOCUMENT # N97000001190 **Secretary of State** 1. Entity Name 03-15-2004 90035 036 ****61.25 MIGHTY WARRIORS, INC. Principal Place of Business Mailing Address 11007 JASMINE CIRCLE P.O. BOX 15363 **BRADENTON FL 34209 BRADENTON FL 34280** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 65-0764330 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YOHANNAN, FREDERICK A Street Address (P.O. Box Number is Not Acceptable) 11007 JASMINE CIRCLE **BRADENTON FL 34209** City Zip Code 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Fiorida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change Addition YOHANNAN, FREDERICK A NAME NAME 11007 JASMINE CIRCLE STREET ADDRESS STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ■ Addition CANNATELLO, VINCENT CANNATELLO, VINCENT NAME 6815 53 AVE EAST 4532 BARRACUDA DR STREET ADDRESS STREET ADDRESS **BRADENTON FL 34208** BRADENTON FL 34203 CITY-ST-7IP CITY, ST. 7IP TITLE ☐ Delete TITLE Change Addition YOHANNAN, FREDERICK H NAME NAME 11007 JASMINE CIR STREET ADDRESS STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change TITLE NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

SIGNATURE: 🗸

CiTY-ST-ZIP

941-920-8528

FILED