2005 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT				Jan 24, 2005 08:00 AM				
DOCUMENT # P01000029848 1. Entity Name				7		ary of Si		
J PARK V	VORLD TAEKWONDO & HA					_		
Principal Plac 26246 US H CLEARWATER	WY 19	Mailing Address 26246 US HWY 19 CLEARWATER, FL 33761					-	
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D	O NOT WRITE	CE	4. FEI Number 59-3510		012507(101	Applied For		
		1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	The second secon		of Status Desired	\$8.75 Fee Req	Additional	
	5. Name and Address of Current F	egistered Agent					- AND STATEMENT	
26246 US	OS, LEONARD HWY 19 ATER, FL 33761			NOT WI				
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 a	ed title if applicable. (NOTE: Register	ed Agent signature required	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financin Trust Fund Contribution.				.00 May Be led to Fees				
10.	OFFICERS AND I	PIRECTORS		·				
NAME STREET ADDRESS	PS BOGDANOS, LEONARD 2831 RAMPART CIRCLE #66					190007 30112-025	150.00	
CITY-ST-ZIP	CLEARWATER, FL 33761	· · · · · · · · · · · · · · · · · · ·	A1 <u>#1</u> 512_55 (5 1.4 4 2.4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	· · · · · · · · · · · · · · · · · · ·	The second secon	ASSESSMENT OF THE PROPERTY OF		
NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME								
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CITY-ST-ZIP					y y a negronography y		er se were	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.30			. , , ,			

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 of trustee empowered to execute this report as required by Chapter 607, 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;

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-05

Daytime Phone #