


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000108414	
1. Entity Name NORTH FLORIDA TAEKWONDO, INC.	

Principal Place of Business RT 18, BOX 750-A LAKE CITY, FL 32025	Mailing Address RT 18, BOX 750-A LAKE CITY, FL 32025
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DO NOT WRITE IN THIS SPACE



03082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3757126	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SELLERS, JOHNNY M
RT 18, BOX 750-A
LAKE CITY, FL 32025

**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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000099180
03/30/04-80002-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELLERS, JOHNNY M RT 18, BOX 750-A LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELLERS, RONDA K RT 18, BOX 750-A LAKE CITY, FL 32025
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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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-04

Date

386-754-5801

Daytime Phone #