

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000059909

FILED  
May 01, 2009  
Secretary of State

Entity Name: FLORIDA TRADITIONAL MARTIAL ARTS INC.

## Current Principal Place of Business:

12975 WALSINGHAM RD  
LARGO, FL 33774

## New Principal Place of Business:

## Current Mailing Address:

12975 WALSINGHAM RD  
LARGO, FL 33774

## New Mailing Address:

FEI Number: 27-0017347

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCDONALD, RICHARD E  
5703 RED BUG LAKE RD #119  
WINTER SPRINGS, FL 32708 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MCDONALD, RICHARD E  
Address: 5703 RED BUG LAKE RD #119  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete  
Name: KEILA, JERMY R  
Address: 12975 WALSINGHAM RD  
City-St-Zip: LARGO, FL 33774

Title: D ( ) Delete  
Name: PAUL, BRADLEY B  
Address: 1214 SWAN ST  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DVT ( ) Delete  
Name: FRIZZLE, RALPH  
Address: 12530 ENTERPRISE BLVD  
City-St-Zip: LARGO, FL 33773

Title: DS ( ) Delete  
Name: PATTERSON, NATHANIEL J JR.  
Address: 4215 ZELAR ST.  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: SAWINSKI, ROBERT C  
Address: 14150 NE 20TH STREET #239  
City-St-Zip: BELLEVUE, WA 98007

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH FRIZZLE

DVT

05/01/2009

Electronic Signature of Signing Officer or Director

Date