

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

04-04-2006 90046 022 \*\*\*150.00

FILED

06 NOV 29 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000066274

1. Entity Name  
VON SCHMELING TAI KWON DO, INC.  
TAI KWON DO



Principal Place of Business

312 E. MICHIGAN ST.  
ORLANDO, FL 32806

Mailing Address

1850 W. FAIRBANKS AVE  
SUITE B  
WINTER PARK, FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

30-0108745

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KATZ, LAWRENCE H  
341 N. MAITLAND AVE.  
STE. 120  
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

Name Sergio Von Schmeling  
Street Address (P.O. Box Number is Not Acceptable)  
1850 W. FAIRBANKS AVE.  
Suite B  
City Winter Park FL Zip Code 32789

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

03/27/2006

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME VON SCHMELING, SERGIO  
STREET ADDRESS 1680 OAKHURST AVE  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

REINSTATEMENT 7006

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 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

03/27/2006

407-740-6747

Date

Daytime Phone #

Document submitted in April + Fe submitted