

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000097224**

**1. Entity Name**  
**TAE KWON DO AMERICA, INC.**



**Principal Place of Business**  
**13185 SPRING HILL DRIVE**  
**SPRING HILL, FL 34609**

**Mailing Address**  
**13185 SPRING HILL DRIVE**  
**SPRING HILL, FL 34609**



01102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**22-3870546**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHNEIDER, BRIAN G JR.**  
**13185 SPRING HILL DRIVE**  
**SPRING HILL, FL 34609**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**PTD**  
**SCHNEIDER, BRIAN G JR.**  
**13185 SPRING HILL DRIVE**  
**SPRING HILL, FL 34609**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**VSD**  
**SCHNEIDER, BRANDI L**  
**13185 SPRING HILL DRIVE**  
**SPRING HILL, FL 34609**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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**TITLE**  
**NAME**  
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**CITY - ST - ZIP**

UN00000187811  
01/24/05-80031-011 150.00

**DO NOT WRITE  
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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Brandi L. Schneider 1/10/05 680-151 (352)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #