

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000013527

FILED
Jul 21, 2007
Secretary of State

Entity Name: FIRST COAST TAEKWONDO, INC.

Current Principal Place of Business:

8970 103RD ST #4
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

9652 CLINTON CORNERS DRIVE
JACKSONVILLE, FL 32222

New Mailing Address:

FEI Number: 13-4244354 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORD, THOMAS G
9652 CLINTON CORNERS DRIVE
JACKSONVILLE, FL 32222 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: PRES () Delete
Name: FORD, THOMAS G MR.
Address: 8970 103RD STREET #4
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: TREA () Delete
Name: FORD, THOMAS G MR.
Address: 8970 103RD STREET #4
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: SECT () Delete
Name: FORD, THOMAS G MR.
Address: 8970 103RD STREET #4
City-St-Zip: JACKSONVILLE, FL 32210 US

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:

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: TOM FORD

Electronic Signature of Signing Officer or Director

OWNE

07/21/2007

_____ Date