


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90181 043 \*\*\*150.00

<b>DOCUMENT # P04000120981</b> 1. Entity Name DUNEDIN INSTITUTE OF SELF DEFENSE, INC.	
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Principal Place of Business 2121 MAIN STREET DUNEDIN, FL 34698	Mailing Address 2121 MAIN STREET DUNEDIN, FL 34698
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07062005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1513520	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JACOBS, HARLEY 2121 MAIN STREET DUNEDIN, FL 34698		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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] DATE: 7/6/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACOBS, HARLEY 2121 MAIN STREET DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARRIGA, SERGIO 1530 F-5 MCMULLEN BOOTH RD. CLEARWATER, FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] DATE: 7/6/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT PO 4000209j1  
**DUNEDIN INSTITUTE OF SELF DEFENSE INC**  
**2121 MAIN STREET**  
**DUNEDIN, FL 34698**  
**(727) 210-2552**

JULY 6, 2005

TO WHOM IT MAY CONCERN:

I RECEIVED A NOTICE OF INTENT TO DISSOLVE THIS CORPORATION. I PAID THIS IN APRIL. I SPOKE WITH ONE OF YOUR OPERATORS, AND WAS TOLD IT GOT REJECTED BECAUSE MY FEDERAL ID NUMBER WAS NOT ON THE REPORT.

ENCLOSED IS A NEW REPORT WITH THE FEDERAL ID NUMBER AND A COPY OF THE CANCELLED CHECK.

IF YOU HAVE ANY QUESTIONS, PLEASE GIVE ME A CALL

RESPECTFULLY SUBMITTED,



HARLEY JACOBS  
DIRECTOR

RECEIVED

PDY006120981

50048158

DUNEDIN INSTITUTE OF SELF DEFENSE INC.

727-738-5150  
2121 MAIN ST.  
DUNEDIN, FL 34698

03-05

6602440

1058

63-27/831 FL  
1152

DATE 4/29/05

PAY  
TO THE  
ORDER OF

FL Department of State

\$ 1500

One Thousand Five Hundred & no/100

DOLLARS

Bank of America



ACH R/T 083100277

FOR

*[Signature]*

⑈001058⑈ ⑈063100277⑈ 00377046824⑈

⑈0000015000⑈

DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT.# 1009068796

MAY 04 2005

2004 15633

MAY 17 05

BANK OF AMERICA NA JAX  
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