

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000169633

Entity Name: SHOTOKAN OF OCALA, INC.

FILED  
Jan 27, 2009  
Secretary of State

## Current Principal Place of Business:

850 NE 36TH TERRACE  
SUITE C  
OCALA, FL 34470 US

## New Principal Place of Business:

## Current Mailing Address:

850 NE 36TH TERRACE  
SUITE C  
OCALA, FL 34470 US

## New Mailing Address:

FEI Number: 20-2128500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BIGANZOLI, MICHAEL L  
4055 NE 17TH PLACE  
OCALA, FL US 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BIGANZOLI, MICHAEL L  
Address: 4055 NE 17TH PLACE  
City-St-Zip: OCALA, FL 34470 US

Title: VP ( ) Delete  
Name: BIGANZOLI, GEORGENNA  
Address: 4055 NE 17TH PLACE  
City-St-Zip: OCALA, FL 34470 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MICHAEL L BIGANZOLI

P

01/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date