


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90192 007 ***150.00

DOCUMENT # P07000053884 1. Entity Name SHOGUN FIGHT SCHOOL, INC.					
Principal Place of Business 6881 KINGSPONTE PARKWAY SUITE B10 ORLANDO FL 32819 US			Mailing Address 1736 WHITNEY ISLE DRIVE WINDERMERE FL 34786 US		
2. Principal Place of Business - No P.O. Box # 6618 KINGSPONTE PKWY		3. Mailing Address Suite, Apt. #, etc. 			
City & State ORLANDO FLORIDA		City & State 			
Zip 32819		Country US		Zip 	
Country 		Country 		4. FEI Number 	
6. Name and Address of Current Registered Agent A H GANTT CPA & ASSOCIATES PA 3359 W VINE ST 104 KISSIMMEE FL 34741				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLINGBOURNE, CHELA J 1736 WHITNEY ISLES DRIVE WINDERMERE FL 34786		<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	VP YOUNG, TRAVIS 6265 CONTESSA DRIVE ORLANDO FL 32829		<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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

30-4-08 407-354-5635

Date

Daytime Phone #