## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000103656

Entity Name: FULL CIRCLE MARTIAL ARTS, INC.

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2880 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207 US

Current Mailing Address: New Mailing Address:

2880 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207 US

FEI Number: 14-2010588 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KELLY, TOM FULL CIRCLE MARTIAL ARTS, INV 2880 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207 US KELLY, TOM FULL CIRCLE MARTIAL ARTS, INC. 2880 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207 US

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: 04/20/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete Title: PRES (X) Change ( ) Addition

Name:KELLY, THOMAS MName:KELLY, THOMAS MAddress:2880 ST. AUGUSTINE ROADAddress:2880 ST. AUGUSTINE ROADCity-St-Zip:JACKSONVILLE, FL 32207 USCity-St-Zip:JACKSONVILLE, FL 32207 US

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 KELLY PRES 04/20/2009