

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000005781

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Entity Name:** ACADEMY OF MARTIAL ARTS FAMILY CENTER, INC

**Current Principal Place of Business:**

2400 S. BAY STREET  
EUSTIS, FL 32726

**New Principal Place of Business:**

15443 US HWY 441  
EUSTIS, FL 32726

**Current Mailing Address:**

19901 E. ALTOONA ROAD  
ALTOONA, FL 32702

**New Mailing Address:**

15443 US HWY 441  
EUSTIS, FL 32726

**FEI Number:** 26-1757430

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POWERS, FLOYE  
19901 E. ALTOONA ROAD  
ALTOONA, FL 32702 US

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

POWERS, FLOYE  
15443 US HWY 441  
EUSTIS, FL 32726 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:

03/28/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: POWERS, FLOYE  
Address: 15443 US HWY 441  
City-St-Zip: EUSTIS, FL 32726

Title: VP  
Name: POWERS, KELLY C  
Address: 15443 US HWY 441  
City-St-Zip: EUSTIS, FL 32726

I hereby 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 all other like empowered.

SIGNATURE: FLOYE POWERS

P

03/28/2011

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

\_\_\_\_\_  
Date