

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000010306

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA MIXED MARTIAL ARTS & FITNESS, INC.

**Current Principal Place of Business:**

108 BUCKEYE LOOP ROAD  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

108 BUCKEYE LOOP ROAD  
WINTER HAVEN, FL 33881 22

**Current Mailing Address:**

9508 WATERFORD OAKS BLVD  
WINTER HAVEN, FL 33884

**New Mailing Address:**

9508 WATERFORD OAKS BLVD  
WINTER HAVEN, FL 33884 22

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BYRD, BARRY S  
9508 WATERFORD OAKS BLVD  
WINTER HAVEN, FL FL 33884 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

**OFFICERS AND DIRECTORS:**

Title: P, T  
Name: BYRD, BARRY S  
Address: 9508 WATERFORD OAKS BLVD  
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: VP,S  
Name: BENNETT, CARL J  
Address: 561 CODY CALEB DRIVE  
City-St-Zip: WINTER HAVEN, FL 33884 US

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: BARRY BYRD

PRES

04/30/2011

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

\_\_\_\_\_  
Date