


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90415 030 ***150.00

DOCUMENT # P93000014745

1. Entity Name
VONSCHMELING TAEKWONDO FAMILY CENTER, INC.



Principal Place of Business
**2175 ALOMA AVENUE
WINTER PARK, FL 32792**

Mailing Address
**1850 W. FAIRBANKS AVE., STE B
WINTER PARK, FL 32789 US**

50008821



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
1850 W. Fairbanks Ave.
Suite, Apt. #, etc.
Suite B
City & State
Winter Park, FL.
Zip
32789
Country
USA

01272006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3171543

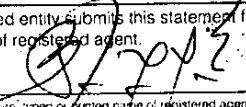
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For
☐ Not Applicable

6. Name and Address of Current Registered Agent
**VONSCHMELING, SERGIO
1680 OAKHURST AVE.
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent
Name
Sergio Von Schmeling
Street Address (P.O. Box Number is Not Acceptable)
1850 W. Fairbanks Ave.
Suite, Apt. #, etc.
Suite B
City
Winter Park FL Zip Code
32789

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  DATE **03/27/06**

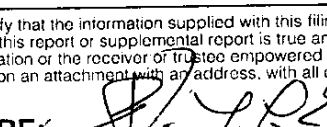
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VON SCHMELING, SERGIO 1680 OAKHURST AVE WINTER PARK, FL 32789 <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 Chapter 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:  DATE **03/27/2006** DAYTIME PHONE # **407-740-6747**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR