

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000005206

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: TRADITIONAL MARTIAL ARTS CENTER, INC.

## Current Principal Place of Business:

2220 HEMPEL AVE.  
WINTER GARDEN, FL 34787

## New Principal Place of Business:

## Current Mailing Address:

374 LAKEVIEW ST  
ORLANDO, FL 32804 US

## New Mailing Address:

FEI Number: 59-3221911      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JACKSON, SUSAN  
374 LAKEVIEW ST  
ORLANDO, FL 32804 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JACKSON, SUSAN  
Address: 374 LAKEVIEW ST  
City-St-Zip: ORLANDO, FL 32804

Title: V ( ) Delete  
Name: SNELL, EDDIE  
Address: 9625 PINE ISLAND RD  
City-St-Zip: CLERMONT, FL 34711

Title: V ( ) Delete  
Name: MARN, ROBERT L JR  
Address: 1366 WOODBINE  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T ( ) Delete  
Name: SCHMIDT, BRIAN  
Address: 333 HARBOR POINT RD  
City-St-Zip: ORLANDO, FL 32835

Title: S ( ) Delete  
Name: MANNELLA, CINDY  
Address: 408 ENGLISH LAKE DR.  
City-St-Zip: WINTER GARDEN, FL 34787

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SUSAN JACKSON

PRES

04/16/2009

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

\_\_\_\_\_  
Date