

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000024615

1. Entity Name

EAST COAST KARATE STUDIOS, INC.



FILED

Feb 07, 2005 08:00 AM  
Secretary of State

Principal Place of Business

1425 B EAST COMMERCIAL BLVD  
FORT LAUDERDALE FL 33334

Mailing Address

1425 B EAST COMMERCIAL BLVD  
FORT LAUDERDALE FL 33334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number 65-0484865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EAST COAST KARATE  
1425 B EAST COMMERCIAL BLVD  
FORT LAUDERDALE FL 33334

Name

Street Address (P O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME LAVALLEE, STEPHEN W  
STREET ADDRESS 742 INTRACOASTAL DRIVE  
CITY- ST- ZIP FORT LAUDERDALE FL 33304

TITLE V ☐ Delete  
NAME LAVALLEE, KIMBERLY J  
STREET ADDRESS 742 INTRACOASTAL DRIVE  
CITY- ST- ZIP FORT LAUDERDALE FL 33304

TITLE S ☐ Delete  
NAME LLEWELLYN, GORDON L  
STREET ADDRESS 4325 W TRADE WINDS AVE #EAST  
CITY- ST- ZIP LAUD BY SEA FL 33308

TITLE TO ☐ Delete  
NAME WILSON, JEFF W  
STREET ADDRESS 4308 N W 14 LANE  
CITY- ST- ZIP COCONUT CREEK FL 33073

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
U00000217605  
02/07/05-80032-003 150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #