

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90082 047 ***150.00

DOCUMENT # P96000055920

1. Entity Name

FLORIDA LEAGUE OF MARTIAL ARTS, INC.



Principal Place of Business

12473 CUMBERLAND DR.
LARGO FL 33773

Mailing Address

12473 CUMBERLAND DR.
LARGO FL 33773

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3409058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GASKA, ED
12473 CUMBERLAND DR.
LARGO FL 33773

7. Name and Address of New Registered Agent

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, 2004 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	PD	<input type="checkbox"/> Delete
NAME	GABRIEL, JOHN	
STREET ADDRESS	10523 117TH DRIVE N	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SNYDER, MINDY	
STREET ADDRESS	830 SCOTLAND ST	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RICHARD, ALFORD	
STREET ADDRESS	115 COMET DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GASKA, ED	
STREET ADDRESS	12473 CUMBERLAND DR.	
CITY-ST-ZIP	LARGO FL 33773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Gabriel	
STREET ADDRESS	10523 117th Dr N.	
CITY-ST-ZIP	Largo FL 33773	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Daniels	
STREET ADDRESS	133 C Keene Rd N	
CITY-ST-ZIP	Clearwater FL 33755	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Alford	
STREET ADDRESS	115 Comet Dr.	
CITY-ST-ZIP	Clearwater FL 33765	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ed Gaska	
STREET ADDRESS	12473 Cumberland Dr.	
CITY-ST-ZIP	Largo FL 33773	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	medhi Boonprakong	
STREET ADDRESS	2350 W 84th St	
CITY-ST-ZIP	Hialeah FL 33016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: *Ed Gaska*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-04

Date

727-536-6007

Daytime Phone #