

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90058 004 ***150.00

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1. Entity Name
AMERICAN MARTIAL ARTS TRAINING, INC.



Principal Place of Business
**# 65 N. CAUSEWAY
NEW SMYRNA BEACH, FL 32169**

Mailing Address
**# 65 N. CAUSEWAY
NEW SMYRNA BEACH, FL 32169**

2. Principal Place of Business
303 Flagler Av.
Suite, Apt. #, etc.

3. Mailing Address
212 CRAWFORD Rd.
Suite, Apt. #, etc.

City & State
New Smyrna Bch. FL
Zip
32169
Country
USA

City & State
New Smyrna Beach FL
Zip
32169
Country
USA

03282005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3462009
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAMMERSLEY, STEPHEN
65 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **HAMMERSLEY, STEPHEN**
STREET ADDRESS **# 65 N. CAUSEWAY**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE **S** ☐ Delete
NAME **HAMMERSLEY, ERIN**
STREET ADDRESS **# 65 N. CAUSEWAY**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **PTD** ☒ Change ☐ Addition
NAME **Hammersley, Stephen**
STREET ADDRESS **212 CRAWFORD Rd.**
CITY-ST-ZIP **New Smyrna Bch. FL 32169**

TITLE **S** ☒ Change ☐ Addition
NAME **Hammersley, Erin**
STREET ADDRESS **212 CRAWFORD Rd.**
CITY-ST-ZIP **New Smyrna Bch. FL 32169**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

4/6/05 **386-428-1316**
Date Daytime Phone #