## 2004 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P98000025886** TAMPA JUDO AND AIKIDO DOJO, YAWARAKAN, INC. Mailing Address Principal Place of Business 1005 W BUSCH BLVD 1005 W BUSCH BLVD STE 201-202

**FILED** Jan 15, 2004 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

TAMPA, FL 33612

Applied For 4. FEI Number 59-3499757 Not Applicable

5. Certificate of Status Desired

01082004

\$8.75 Additional Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

ANDREW, JANA 2807 W BUSCH BLVD STE 202 TAMPA, FL 33618

SIGNATURE:

STE 201-202

TAMPA, FL 33612

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No Cha-P

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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 orinted 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  9. Election Campaign Financ Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS ,			A Service Community
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUTTITTA, LOUIS J 1005 W BUSCH BLVD STE 108 TAMPA, FL 33612				U00000004541 - 01/15/04-80017-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-		01/12/04 DD011 OFF 120100
TITLE NAME STREET ADDRESS GITY-ST-ZIP		403.		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		IN "	THIS SPACE
TITLE NAME STREET ADDRESS GITY+ST-ZIP	_				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THE CONTRACTOR OF THE CONTRACT
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 it changed, or on an attachment with an address, with all other like empowered.					

NO OFFICER OR DIRECTOR