## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000032019

Entity Name: SAN CARLOS TAE KWON DO, INC.

FILED May 01, 2004 Secretary of State

8024 ALICO RD.,ALICO PLAZA 12780 ASTON OAKS DR. A4 FT.MYERS, FL 33912

FT.MYERS, FL 33912

Current Mailing Address: New Mailing Address:

8024 ALICO RD.,ALICO PLAZA 12780 ASTON OAKS DR A4 A4 FT.MYERS, FL 33912 FT.MYERS, FL 33912

FEI Number: 65-0911519 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FOANIO, SUSAN J TOUS, JAMES J
17408 BRADDOCK RD. 12780 ASTON OAKS DR
FT.MYERS, FL 33912 US FT.MYERS, FL 33912 US

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: JAMES J TOUS 05/01/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 FITZGERALD, JAMIE A
 Name:

 Address:
 20821 COCONUT DR.
 Address:

 City-St-Zip:
 ESTERO, FL 33928
 City-St-Zip:

Title: STD ( ) Delete Title: PD (X) Change ( ) Addition Name: FOANIO, SUSAN S Name: TOUS, JAMES J

 Name:
 FOANIO, SUSAN S
 Name:
 TOUS, JAMES J

 Address:
 17408 BRADDOCK RD
 Address:
 12780 ASTON OAKS DR

 City-St-Zip:
 FORT MYERS, FL 33912
 City-St-Zip:
 FT. MYERS, FL 33912

Title: PD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 TOUS, JAMES J
 Name:

 Address:
 11340 ZELLNER LANE
 Address:

 City-St-Zip:
 FORT MYERS, FL 33908
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 BRADFORD, ALAN R
 Name:

 Address:
 18542 ROSEWOOD RD
 Address:

 City-St-Zip:
 FORT MYERS, FL 33912
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES J TOUS PD 05/01/2004