

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000005518

1. Entity Name
MANAGEMENT TRAINING CONSULTANTS, INC.



Principal Place of Business Mailing Address

6361 PELICAN BAY BLVD., #1405 **6361 PELICAN BAY BLVD., #1405**
NAPLES, FL 34108 **NAPLES, FL 34108**



02182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0468719	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JONES, EDWARD E
6361 PELICAN BAY BLVD., #1405
NAPLES, FL 34108

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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 _____ (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 Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPVS JONES, EDWARD E 6361 PELICAN BAY BLVD., #1405 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, EDWARD E 6361 PELICAN BAY BLVD., #1405 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/29/04-80090-002 150.00

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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: Edward E. Jones Edward E. Jones 4/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #