

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000826

FILED  
Aug 10, 2004  
Secretary of State

Entity Name: ASSOCIATED TRAINING SERVICES, CORP.

## Current Principal Place of Business:

5825 S. DALE MABRY DR.  
TAMPA, FL 33706

## New Principal Place of Business:

5177 W. HOMOSASSA TRAIL  
LECONTO, FL 34461

## Current Mailing Address:

5825 S. DALE MABRY DR.  
TAMPA, FL 33706

## New Mailing Address:

5177 W. HOMOSASSA TRAIL  
LECANTO, FL 34461

FEI Number: 39-1869779

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KLABACKA, MARK  
5825 S. DALE MABRY DR.  
TAMPA, FL 33706 US

## Name and Address of New Registered Agent:

KLABACKA, MARK  
5177 W. HOMOSASSA TRAIL  
LECANTO, FL 34461 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: MARK KLABACKA

08/10/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KLABACKA, MARK  
Address: 151 E MADEIRA AVE  
City-St-Zip: MADEIRA BCH, FL 33708

Title: VD ( ) Delete  
Name: KLABACKA, JOHN  
Address: 7190 ELDER LANE  
City-St-Zip: SUN PRAIRIE, WI

Title: ST ( ) Delete  
Name: KLABACKA, JERRY  
Address: 7190 ELDER LANE  
City-St-Zip: SUN PRAIRIE, WI

Title: CD ( ) Delete  
Name: KLABACKA, LUCILLE  
Address: 2227 MARLBORO DR.  
City-St-Zip: HENDERSON, NV

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: MARK KLABACKA

PRES

08/10/2004

Electronic Signature of Signing Officer or Director

Date