

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90011 038 ***150.00

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1. Entity Name
TRAINING TOGETHER, INC.

Principal Place of Business
20423 STATE ROAD 7, BAY F-4-B
BOCA RATON, FL 33498

Mailing Address
20423 STATE ROAD 7, BAY F-4-B
BOCA RATON, FL 33498

440J0J06



2. Principal Place of Business
314 S. BELCHER RD
Suite, Apt. #, etc.

3. Mailing Address
314 S. BELCHER RD
Suite, Apt. #, etc.

07222004 Chg-P CR2E034 (10/03)

City & State
CLEARWATER, FL
Zip 33765 Country USA

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CLEARWATER, FL
Zip 33765 Country USA

4. FEI Number
84-1597208
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOOLFORD, JOHN M.D.
20423 STATE ROAD 7, BAY F-4-B
BOCA RATON, FL 33498

7. Name and Address of New Registered Agent

Name THOMAS M. VICKERS-JR.

Street Address (P.O. Box Number is Not Acceptable)
314 S. BELCHER RD

City CLEARWATER FL Zip Code 33765

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 *Thomas M. Vickers Jr.*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-22-04

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VICKERS, THOMAS M JR
STREET ADDRESS 20423 STATE ROAD 7, BAY F-4-B
CITY-ST-ZIP BOCA RATON, FL 33498 ☐ Delete

TITLE VD
NAME WOOLFORD, JOHN D
STREET ADDRESS 20423 STATE ROAD 7, BAY F-4-B
CITY-ST-ZIP BOCA RATON, FL 33498 ☒ Delete

TITLE ST
NAME PETRINSKY, BARBARA
STREET ADDRESS 6025 S. QUEBEC STREET, SUITE 150
CITY-ST-ZIP ENGLEWOOD, CO 80111 ☐ Delete

TITLE C
NAME VICKERS, THOMAS M SR
STREET ADDRESS 6025 S. QUEBEC STREET, SUITE 150
CITY-ST-ZIP ENGLEWOOD, CO 80111 ☐ Delete

TITLE CEOD
NAME OLSON, DAVID C
STREET ADDRESS 6025 S. QUEBEC STREET, SUITE 150
CITY-ST-ZIP ENGLEWOOD, CO 80111 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: *Thomas M. Vickers Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-04 727-447-4879
Date Daytime Phone #