

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000005735		
1. Entity Name SULLIVAN & COGLIANO TRAINING CENTERS, INC.		

Principal Place of Business 7700 NORTH KENDALL DR. MIAMI, FL 33156-2525	Mailing Address 7700 NORTH KENDALL DR. MIAMI, FL 33156-2525
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DO NOT WRITE IN THIS SPACE



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3196474	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RODRIGUEZ, NANCY 7700 NORTH KENDALL DR. MIAMI, FL 33156-2525

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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.

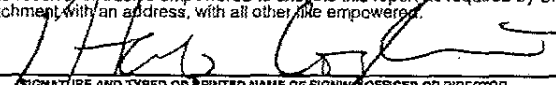
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000150743 05/04/04-80016-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC COGLIANO, HERBERT S 12 ALCORN CROSSING WESTFORD, MA 01886
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD COGLIANO, JOHN M 9 ISLAND PATH WESTFORD, MA 01886
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COGLIANO, JOHN JR 9 ISLAND PATH WESTFORD, MA 01886
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COGLIANO, JAMES J 11 PRESERVATION WAY WESTFORD, MA 01886
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUDREY A COGLIANO 9 ISLAND PATH WESTFORD, MA 01886
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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 file empowered.

SIGNATURE: 	4/27/04	781-870-7870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #