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	Mailing Address
7700 NORTH KENDALL DR. MIAMI, FL 33156-2525	7700 NORTH KENDALL DR. MIAMI, FL 33156-2525

DO NOT WRITE IN THIS SPACE

01202004 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3196474
☐ Applied For
☐ Not Applicable

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	COGLIANO, HERBERT S
STREET ADDRESS	12 ALCORN CROSSING
CITY-ST-ZIP	WESTFORD, MA 01886
TITLE	VTD
NAME	COGLIANO, JOHN M
STREET ADDRESS	9 ISLAND PATH
CITY-ST-ZIP	WESTFORD, MA 01886
TITLE	D
NAME	COGLIANO, JOHN JR
STREET ADDRESS	9 ISLAND PATH
CITY-ST-ZIP	WESTFORD, MA 01886
TITLE	SD
NAME	COGLIANO, JAMES J
STREET ADDRESS	11 PRESERVATION WAY
CITY-ST-ZIP	WESTFORD, MA 01886
TITLE	D
NAME	AUDREY A COGLIANO
STREET ADDRESS	9 ISLAND PATH
CITY-ST-ZIP	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 like empowered.

SIGNATURE: _____ 4/27/04 781-890-7870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #