

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 27, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # F98000001122**

**1. Entity Name  
ARMED FORCES TRAINING SYSTEMS INC.**



**Principal Place of Business  
7061 UNIVERSITY BLVD.  
WINTER PARK, FL 32792**

**Mailing Address  
7061 UNIVERSITY BLVD.  
WINTER PARK, FL 32792**



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number 59-3472891</b>	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**CROSBY, KAREN A  
7061 UNIVERSITY BLVD.  
WINTER PARK, FL 32792**

**DO NOT WRITE  
IN THIS SPACE**

**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** \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>PD VOLK, ARTHUR J 10801 CHERRY OAK CIRCLE ORLANDO, FL 32817</b>
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>TD CROSBY, KAREN A 1464 PELICAN BAY TRAIL WINTER PARK, FL 32792</b>
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>DC SHERRETZ, LUNDIE L 3221 S ATLANTIC AVE UNIT 44 COCOA BCH, FL 32931</b>
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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:** Karen A. Crosby Karen A. Crosby **JAN 07 2005** 407.677.0153  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #