2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000000729

1. Entity Name
ASSOCIATED TRAINING SYSTEMS, INC.

Principal Place of Business	Mailing Address
1 7TH STREET ST AUGUSTINE BCH, FL 32080	1 7TH STREET ST AUGUSTINE BCH, FL 32080

DO NOT WRITE IN THIS SPACE

02162004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
36-3091632	Not Applicable

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

6. Name and Address of Current Registered Agent

COUGLE, LEROY G
1 7TH STREET
ST AUGUSTINE BCH, FL 32080

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 _____

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

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

000000060115
02/23/04-80026-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	COUGLE, LEROY G
STREET ADDRESS	1 7TH STREET
CITY-ST-ZIP	ST AUGUSTINE BCH, FL 32080
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Leroy Cougle*   LEROY G. COUGLE   2/16/04   904461 2701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #