

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90025 013 ***158.75

DOCUMENT # F99000005662

1. Entity Name
NATIONAL TRAINING & DEVELOPMENT GROUP, INC.



Principal Place of Business
**816 LEOPARD TRAIL
WINTER SPRINGS, FL 32708**

Mailing Address
**816 LEOPARD TRAIL
WINTER SPRINGS, FL 32708**

2. Principal Place of Business
1431 Bird Road

3. Mailing Address
1431 Bird Road

Suite, Apt. #, etc.

City & State
Wintersprings FL

City & State
Wintersprings, FL

Zip
32708

Country
Seminole



01242004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
**FROMAN, RONALD D
816 LEOPARD TRAIL
WINTER SPRINGS, FL 32708**

4. FEI Number
59-3576242

Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent
Name
Ronald D. Froman
Street Address (P.O. Box Number is Not Acceptable)
1431 Bird Road
City
Wintersprings FL Zip Code
32708

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 *Ronald D. Froman* (NOTE: Registered Agent signature required when reinstating) DATE **1-26-04**

**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**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROMAN, RONALD D		NAME	Froman, Ronald D.	
STREET ADDRESS	816 LEOPARD TRAIL		STREET ADDRESS	1431 Bird Road	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP	Wintersprings, FL 32708	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Ronald D. Froman* DATE **1-26-04** DAYTIME PHONE # **407-699-9672**