2004 FOR PROFIT CORPORATION

Mar 22, 2004 8:00 am **Secretary of State** ANNUAL REPORT **DOCUMENT # G92612** 03-22-2004 90071 022 ***158.75 1. Entity Name TRAINING & TECHNICAL SERVICES, INC. Mailing Address Principal Place of Business 24026479 6092 N. BLUE TEAL POINT 6092 N. BLUE TEAL POINT HERNANDO, FL 34442-2234 US HERNANDO, FL 34442-2234 US 2. Principal Place of Business 3, Mailing Address ufront Da 0096 N 0096 IN Suite, Apt. #, etc. 03052004 CR2E034 (10/03) Chg-P Applied For 4. FELNumber City & State Çity & State 58-1566949 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HETTERICH, RAYMOND J. Street Address (P.O. Box Number is Not 5505 38TH AVENUE, NORTH ST. PETERSBURG, FL 33710 ternando 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. paramo 3-11-04 (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 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Defete TITLE TITLE Stuart, Richard N 6096 n Bayfront Dr STUART, RICHARD N. NAME NAME STREET ADDRESS 6092 N. BLUE TEAL POINT STREET ADDRESS CITY-ST-ZIP HERNANDO, FL 344422234 Hernando CITY-ST-ZIP ☐ Delete TITLE Change Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME MAME----STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

FILED

☐ Change

Addition

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME