2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # H88258

1. Entity Name
FOLKNER TRAINING ASSOCIATES, INC.

Principal Place of Business	Mailing Address
8641 BAYPINE RD STE 2 JACKSONVILLE, FL 32256 US	8641 BAYPINE RD STE 2 JACKSONVILLE, FL 32256 US

DO NOT WRITE IN THIS SPACE

04062006   No Chg-P   CRZE034 (11/05)

4. FEI Number
59-2611898

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FOLKNER, FLOYD H., II
8641 BAYPINE RD STE 2
JACKSONVILLE, FL 32256

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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_____

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, 2006 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FOLKNER, FLOYD H., II
STREET ADDRESS	8641 BAYPINE RD STE 2
CITY-ST-ZIP	JACKSONVILLE, FL

TITLE	V
NAME	FOLKNER, SHARON
STREET ADDRESS	8641 BAYPINE RD STE 2
CITY-ST-ZIP	JACKSONVILLE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
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CITY-ST-ZIP	

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04/25/06 00064-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _Floyd H Folkner_   4/6/06   904 443-2929

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