

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J49683

FILED  
Mar 30, 2006  
Secretary of State

Entity Name: FLORIDA TRAINING CENTER, INC.

## Current Principal Place of Business:

310 MELODY LANE  
CASSELBERRY, FL 32707 US

## New Principal Place of Business:

## Current Mailing Address:

P.O BOX 180127  
CASSELBERRY, FL 327180127 US

## New Mailing Address:

FEI Number: 59-2754874      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WORSWICK, RONALD J  
1212 N PARK AVE  
WINTER PARK, FL 32790 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: WORSWICK, RONALD J  
Address: 1212 N. PARK AVE  
City-St-Zip: WINTER PARK, FL 32790

Title: V/D ( ) Delete  
Name: WORSWICK, DOUGLAS J  
Address: 1625 GOLFSIDE DRIVE  
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete  
Name: WORSWICK, DOLORES M  
Address: 1212 N. PARK AVE  
City-St-Zip: WINTER PK, FL 32790

Title: S/T ( ) Delete  
Name: GAHNZ, CONNIE B  
Address: 1025 PINE SHADOW DRIVE  
City-St-Zip: APOPKA, FL 32712

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: WORSWICK, DENNIS E  
Address: 1881 BLUE RIDGE ROAD  
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE B GAHNZ

S/T

03/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date