

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # J50627 1. Entity Name DELRAY TRAINING CENTER, INC.					
Principal Place of Business 16668 WINNERS CIRCLE DELRAY BEACH FL 33446 US				Mailing Address 16668 WINNERS CIRCLE DELRAY BCH FL 33446	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2750570	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINICK, NEAL J 16668 WINNERS CIRCLE DELRAY BEACH FL 33446				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PDST WINICK, NEAL J 16668 WINNERS CIRCLE DELRAY BCH FL 33446			☐ Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	100000485426 04/12/06-80062-025 150.00			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete			☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete			☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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, will, or other like empowerment.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				3/27/06 561-499-4533	