

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90482 028 ***150.00

DOCUMENT # M92213

1. Entity Name

SUMMA TECHNICAL INSTITUTE, INC.



Principal Place of Business

% JOSEPH, BEAUSEIGNEUR
300 JOHN RODES BLVD.
WEST MELBOURNE, FL 32904 US

Mailing Address

% JOSEPH, BEAUSEIGNEUR
300 JOHN RODES BLVD.
WEST MELBOURNE, FL 32904 US



05032004

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-2902050

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOSEPH, BEAUSEIGNEUR
300 JOHN RODES BLVD.
WEST MELBOURNE, FL 32904

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BEAUSEIGNEUR, JOSEPH
STREET ADDRESS	300 JOHN RODES BLVD.
CITY - ST - ZIP	MELBOURNE, FL 32904
TITLE	VP
NAME	VETRANE, DAVID
STREET ADDRESS	1492 High Ridge Road, Suite 5
CITY - ST - ZIP	Stamford, CT 06903
TITLE	S
NAME	BEAUSEIGNEUR, LYDIA
STREET ADDRESS	300 JOHN RODES BLVD.
CITY - ST - ZIP	W MELBOURNE, FL 32904
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Joe Beauseigneur
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 (321) 727-2265
Date Daytime Phone #