


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000006069					
1. Entity Name ASSESSMENT & TRAINING SERVICES, INCORPORATED					
Principal Place of Business 915 MIDDLE RIVER DR, SUITE 204 FT LAUDERDALE FL 33304		Mailing Address 915 MIDDLE RIVER DR, SUITE 204 FT LAUDERDALE FL 33304			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1083672	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BESNER, HILDA 915 MIDDLE RIVER DR, SUITE 204 FT LAUDERDALE FL 33304			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 reinstating) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIMMEL, JOEL	NAME			
STREET ADDRESS	915 MIDDLE RIVER DRIVE # 204	STREET ADDRESS			
CITY - ST - ZIP	FORT LAUDERDALE FL 33304	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BESNER, HILDA	NAME			
STREET ADDRESS	915 MIDDLE RIVER DRIVE # 204	STREET ADDRESS			
CITY - ST - ZIP	FORT LAUDERDALE FL 33304	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLAKE, ELIZABETH	NAME			
STREET ADDRESS	915 MIDDLE RIVER DRIVE # 204	STREET ADDRESS			
CITY - ST - ZIP	FORT LAUDERDALE FL 33304	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KELLY, ROBERT	NAME			
STREET ADDRESS	915 MIDDLE RIVER DRIVE # 204	STREET ADDRESS			
CITY - ST - ZIP	FORT LAUDERDALE FL 33304	CITY - ST - ZIP		U00000292541 04/07/05-80075-021 61.25	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERGUSON, DAVID	NAME			
STREET ADDRESS	915 MIDDLE RIVER DRIVE #204	STREET ADDRESS			
CITY - ST - ZIP	FORT LAUDERDALE FL 33304	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: <i>Elizabeth Blake</i> Director				4/4/05 954 506-0388	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

