

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000006352

1. Entity Name
DATA MANAGEMENT AND TRAINING GROUP, INC.



Principal Place of Business
**9838 OLD BAYMEADOWS RD.
#321
JACKSONVILLE, FL 32256**

Mailing Address
**9838 OLD BAYMEADOWS RD.
#321
JACKSONVILLE, FL 32256**



01252004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3741840

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLZENDORF, KESSLER
9838 OLD BAYMEADOWS RD.
#321
JACKSONVILLE, FL 32256**

**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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	HOLZENDORF, KESSLER
STREET ADDRESS	7511 FAWN LAKE DR. S.
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	DVP
NAME	GRUSZECKI, MARK
STREET ADDRESS	7511 FAWN LAKE DR. S.
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	DVP
NAME	HOLZENDORF, KEVIN
STREET ADDRESS	9838 OLD BAYMEADOW RD., #321
CITY-ST-ZIP	JACKSONVILLE, FL 32256

TITLE
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CITY-ST-ZIP

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U000000020176
01/29/04-80053-026 61.25

**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)(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:

Kevin Holzendorf **Kessler Holzendorf** 1/25/04 (604) 765 0109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #