

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002842

Entity Name: JSR TRAINING, INC

FILED
Apr 18, 2004
Secretary of State

Current Principal Place of Business:

1944-49TH STREET
ST PETERSBURG, FL 33707

New Principal Place of Business:

Current Mailing Address:

PO BOX 530652
ST. PETERSBURG, FL 33747

New Mailing Address:

FEI Number: 01-0670226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REED, JERI S
5213 - 11TH AVENUE SOUTH
GULFPORT, FL 33707 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REED, JERI S MS.
Address: 5213 - 11TH AVENUE SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: V () Delete
Name: REED, RALPH L
Address: 5213 - 11TH AVENUE SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: V () Delete
Name: REED, MICHAEL T
Address: 2929 LICHEN LANE
City-St-Zip: CLEARWATER, FL 33760

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERI REED

P

04/18/2004

Electronic Signature of Signing Officer or Director

Date