

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008113

FILED  
Feb 11, 2005  
Secretary of State

Entity Name: FLORIDA ARSON SEMINAR, INC.

## Current Principal Place of Business:

3659 MAGUIRE BLVD.  
SUITE 151  
ORLANDO, FL 32803

## New Principal Place of Business:

## Current Mailing Address:

3659 MAGUIRE BLVD.  
SUITE 151  
ORLANDO, FL 32803

## New Mailing Address:

FEI Number: 20-1512640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOLLENBACH, DAVID R JR.  
3659 MAGUIRE BLVD.  
SUITE 151  
ORLANDO, FL 32803 US

## Name and Address of New Registered Agent:

BAILEY, DARYL R  
3659 MAGUIRE BLVD.  
SUITE 151  
ORLANDO, FL 32803 US

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: DARYL R. BAILEY

02/11/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HOLLENBACH, DAVID R JR  
Address: 3659 MAGUIRE BLVD. #151  
City-St-Zip: ORLANDO, FL 32803

Title: DV ( ) Delete  
Name: NABICHT, CHRIS  
Address: 3659 MAGUIRE BLVD #151  
City-St-Zip: ORLANDO, FL 32803

Title: DS ( ) Delete  
Name: FIELDS, MARY  
Address: 3659 MAGUIRE BLVD.  
City-St-Zip: ORLANDO, FL 32803

Title: DT ( ) Delete  
Name: DUFFIELD, HEATHER  
Address: 3659 MAGUIRE BLVD.  
City-St-Zip: ORLANDO, FL 32803

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BAILEY, DARYL R  
Address: 3659 MAGUIRE BLVD. #151  
City-St-Zip: ORLANDO, FL 32803

Title: DV (X) Change ( ) Addition  
Name: CORBETT, JOHN  
Address: 3659 MAGUIRE BLVD #151  
City-St-Zip: ORLANDO, FL 32803

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: WHITEHURST, GLORIA  
Address: 3659 MAGUIRE BLVD.  
City-St-Zip: ORLANDO, FL 32803

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: DARYL R. BAILEY

PD

02/11/2005

Electronic Signature of Signing Officer or Director

Date