2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004
Secretary of State

DOCUMENT# N12276

Entity Name: FLORIDA CERTIFICATION BOARD, INC.

Current Principal Place of Business:

%NEAL MCGARRY
1715 S. GADSDEN STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

NEAL MCGARRY
1715 S. GADSDEN STREET
TALLAHASSEE, FL 32301

Current Mailing Address:

%NEAL MCGARRY
1715 S. GADSDEN STREET
TALLAHASSEE, FL 32301

New Mailing Address:

NEAL MCGARRY
1715 S. GADSDEN STREET
TALLAHASSEE, FL 32301

FEI Number: 59-2622949 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGARRY, NEAL
1715 S GADSDEN ST
TALLAHASSEE, FL 32301 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: TD ( ) Delete
Name: BURG, KENNETH
Address: 2611 S.W. 58TH MANOR
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: PED ( ) Delete
Name: LOFGREN, JONATHAN
Address: 13800 66TH STREET NORTH
City-St-Zip: LARGO, FL

Title: PD ( ) Delete
Name: BOZZONE, ROBERT
Address: PO BOX 2507
City-St-Zip: WEST PLAM BEACH, FL

Title: SD (X) Delete
Name: HARDEN, ELIZABETH
Address: 4422 E. COLUMBUS AVE
City-St-Zip: TAMPA, FL 33605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: LOFGREN, JONATHAN
Address: 13800 66TH STREET NORTH
City-St-Zip: LARGO, FL

Title: SD (X) Change ( ) Addition
Name: HARDEN, ELIZABETH
Address: 4422 E. COLUMBUS AVE
City-St-Zip: TAMPA, FL 33605

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: JONATHAN LOFGREN PD 01/14/2004

Electronic Signature of Signing Officer or Director — Date