2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004
Secretary of State

DOCUMENT# N37797

Entity Name: MACDONALD TRAINING CENTER PROPERTIES, INC.

Current Principal Place of Business:

5420 W. CYPRESS STREET
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

5420 W. CYPRESS STREET
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3010534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TROCKE, MICHAEL T
101 E KENNEDY BLVD
SUITE 2800
TAMPA, FL 33602 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: PD ( ) Delete
Name: FREYVOGEL, JAMES M
Address: 5420 W. CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

Title: SD ( ) Delete
Name: TROCKE, MICHAEL T
Address: PO BOX 172609
City-St-Zip: TAMPA, FL 336720609

Title: T ( ) Delete
Name: DIAZ, RICHARD
Address: 5444 BAY CENTER DR., SUITE 122
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: KELLY, PETER J
Address: 100 S. ASHLEY DR., SUITE 1300
City-St-Zip: TAMPA, FL 33602

Title: C ( ) Delete
Name: WOOD, TOM
Address: 101 E KENNEDY BLVD STE 2800
City-St-Zip: TAMPA, FL 33602

Title: S (X) Delete
Name: DEBOSIER, KIMBERLEE
Address: 1105 E TWIGGS ST
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: KROEGER, CHRISTIE
Address: 655 FRANKLIN STREET STE 2200
City-St-Zip: TAMPA, FL 33602

Title: T (X) Change ( ) Addition
Name: DEBOSIER, KIMBERLEE
Address: 1105 E TWIGGS STREET
City-St-Zip: TAMPA, FL 33602

Title: VC (X) Change ( ) Addition
Name: BAUMANN, PHILLIP A
Address: 512 E KENNEDY BLVD
City-St-Zip: TAMPA, FL 33602

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: JAMES M FREYVOGEL P 02/13/2004

Electronic Signature of Signing Officer or Director — Date