


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000025137
1. Entry Name
ALMAND CONSULTING & TRAINING, INC.



Principal Place of Business 11911 SHADOW RUN BLVD. RIVERVIEW, FL 33569 US	Mailing Address PO BOX 2175 RIVERVIEW, FL 33568 US
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DO NOT WRITE IN THIS SPACE



04022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3630301	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ALMAND, WILLIAM L III
11911 SHADOW RUN BLVD.
RIVERVIEW, FL 33569

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000113862
04/15/04-80026-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALMAND, WILLIAM L 11911 SHADOW RUN BLVD. RIVERVIEW, FL 33569
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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: William L. Almand William L. Almand 4/12/04 (813) 6722044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #