

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90311 029 ***150.00

DOCUMENT # P01000039646

1. Entity Name
LEWIS MAXWELL TRAINING CONSULTANTS, INC.



Principal Place of Business
**2035 62 ND TERR., SO.
ST. PETERSBURG, FL 33712**

Mailing Address
**2035 62 ND TERR., SO.
ST. PETERSBURG, FL 33712**

14013022



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3702121

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEWIS, RANDOLPH B
2035 62ND TERR., SO.
ST. PETERSBURG, FL 33712**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☐ Delete
NAME **LEWIS, RANDOLPH B**
STREET ADDRESS **6100 28TH ST. S.**
CITY-ST-ZIP **ST. PETERSBURG, FL 33712**

TITLE **P** ☒ Change ☐ Addition
NAME **2035 62ND TERRACE SOUTH**
STREET ADDRESS **ST. PETERSBURG, FL 33712**
CITY-ST-ZIP

TITLE **C** ☒ Delete
NAME **BROWN, JANINE R**
STREET ADDRESS **2035 62ND ST SO**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33712**

TITLE **C** ☐ Change ☒ Addition
NAME **JANINE H. LEWIS**
STREET ADDRESS **2035 62ND TERRACE SOUTH**
CITY-ST-ZIP **ST. PETERSBURG, FL 33712**

TITLE **V** ☒ Delete
NAME **LEWIS, BRITTANY N**
STREET ADDRESS **6150 28TH ST. SO**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33712**

TITLE **TS** ☐ Change ☒ Addition
NAME **BRITTANY N. LEWIS**
STREET ADDRESS **6100 28TH ST. SOUTH**
CITY-ST-ZIP **ST. PETERSBURG, FL 33712**

TITLE **M** ☐ Delete
NAME **RUCKER, CHRISTOPHER L**
STREET ADDRESS **2035 62ND TERR. SOU.**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33712**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition
NAME **DR. LAFAYETTE MAXWELL**
STREET ADDRESS **1800 WILLIAMSBURG ROAD, #19-F**
CITY-ST-ZIP **DURHAM, N.C. 27707**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **REV. G. VINCENT LEWIS**
STREET ADDRESS **8230 CLARK BLVD. #232**
CITY-ST-ZIP **PLANTATION, FL 33324**

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 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:

Randolph B. Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-5-04 (727) 515-7321