2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

ANNUAL REPORT				Constant of Chate	
DOCUMENT # P0100039646 1. Entity Name LEWIS MAXWELL TRAINING CONSULTANTS, INC.				Secretary of State	
Principal Place of Business 2035 62 ND TERR., SO. ST. PETERSBURG, FL 33712 Mailing Address 2035 62 ND TERR., SO. ST. PETERSBURG, FL 33712 ST. PETERSBURG, FL 33712		- ·			
DO NOT WRITE IN THIS SPAC			CE	04262005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-3702121 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current Re	mistered Agent	, 	1 86 heduled	
LEWIS, RANDOLPH B 2035 62ND TERR., SO. ST. PETERSBURG, FL 33712				DO NOT WRITE IN THIS SPACE	
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 other it applicable (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			ncing _ \$5	i.00 May Be ded to Fees	
10.	ÖFFIÇERS AND D	RECTORS			
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, RANDOLPH B 2035 62ND TERRACE SOUTH ST. PETERSBURG, FL 33712 C LEWIS, JANINE H 2035 62ND TERRACE SOUTH SAINT PETERSBURG, FL 33712			U00000338159 04/28/05-80024-014 150.00	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	V LEWIS, BRITTANY N 6150 28TH ST. SO SAINT PETERSBURG, FL 33712			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M RUCKER, CHRISTOPHER L 2035 62ND TERR. SOU. SAINT PETERSBURG, FL 33712	· · · · · · · · · · · · · · · · · · ·		IN THIS SPACE	
TITLE NAME	V MAXWELL LAFAYETTE DR		l	:	

12. I hereby certify that the information supplied with this filling 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 of 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 embowered 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 embowered.

SIGNATURÉ:

STREET ADDRESS

CITY-ST-ZIP

CMY-ST-ZIP

TITLE NAME 1800 WILLIAMSBURG ROD # 19-F

DURHAM, NC 27707

STREET ADDRESS | 8230 CLEACY BLVD # 232

LEWIS, G VINCENT REV

PLANTATION, FL 33324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EULS MF126,2005 515