


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90231 023 ***150.00

DOCUMENT # P01000098449 1. Entity Name ENHANCED SKILLS TRAINING ALTERNATIVES, INC.																																																																																																																																																																													
Principal Place of Business 1121 TROTWOOD BLVD WINTER SPRINGS, FL 32708			Mailing Address PO BOX 561414 ORLANDO, FL 32856-1414																																																																																																																																																																										
2. Principal Place of Business 400 Church St.			3. Mailing Address 																																																																																																																																																																										
Suite, Apt. #, etc. Suite 106			Suite, Apt. #, etc. 																																																																																																																																																																										
City & State Kissimmee, FL			City & State 																																																																																																																																																																										
Zip 34741		Country US		Zip 																																																																																																																																																																									
Country 		Country 		4. FEI Number 59-3746635																																																																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																																																																									
6. Name and Address of Current Registered Agent NIEVES, MARIBEL 2031 BASIL DR ORLANDO, FL 32837				7. Name and Address of New Registered Agent Name Virginia C Erisman Street Address (P.O. Box Number is Not Acceptable) 2667 Fitzhugh Rd City Winter Park FL Zip Code 32792																																																																																																																																																																									
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 <u>Virginia C Erisman</u> DATE <u>4/26/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. 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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: <u>Virginia C Erisman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4/26/05</u> Daytime Phone # <u>407-245-0012</u>																																																																																																																																																																									

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