

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000104477

FILED
Feb 08, 2006
Secretary of State

Entity Name: ROBERT SCANLON TRAINING CENTER, INC.

Current Principal Place of Business:

19431 NE 17 PLACE
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

PO BOX 599
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 59-3751627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCANLON, ROBERT
19431 NE 17 PLACE
WILLISTON, FL 32696 US

Name and Address of New Registered Agent:

SCANLON, CONNIE
19431 NE 17 PLACE
WILLISTON, FL 32696 US

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: CONNIE SCANLON

02/08/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCANLON, ROBERT
Address: PO BOX 599
City-St-Zip: WILLISTON, FL 32696

Title: VP (X) Delete
Name: SCANLON, CONNIE
Address: PO BOX 599
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SCANLON, CONNIE
Address: PO BOX 599
City-St-Zip: WILLISTON, FL 32696

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 Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE SCANLON

D

02/08/2006

Electronic Signature of Signing Officer or Director

Date