


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90302 027 ***150.00

DOCUMENT # P02000013340
 1. Entity Name
 DEVELOPMENTAL SERVICE TRAINERS, INC.



Principal Place of Business
 5861 WHY 441
 OCALA, FL 34475

Mailing Address
 PO BOX 830954
 OCALA, FL 34483

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 6662
 Suite, Apt. #, etc.

City & State
 Ocala FL

City & State
 Ocala FL

Zip
 34478

Country
 Marlon



02182005 Chg-P CR2E034 (10/03)

4. FEI Number
 01-0600570

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BOYNE, VICTORIA
 3851 2322 PLACE
 OCALA, FL 34471

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

7. Name and Address of New Registered Agent

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

FILE NOW!!! - FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D Delete <input type="checkbox"/>	NAME BOYNE, VICTORIA
STREET ADDRESS 2119 SE FT KING	CITY-ST-ZIP OCALA, FL 34470
TITLE D Delete <input type="checkbox"/>	NAME KOLLER, DAVID
STREET ADDRESS 4922 SE 40TH TERR	CITY-ST-ZIP OCALA, FL 34480
TITLE Delete <input type="checkbox"/>	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE Delete <input type="checkbox"/>	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE Delete <input type="checkbox"/>	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE Delete <input type="checkbox"/>	NAME
STREET ADDRESS	CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME
STREET ADDRESS	CITY-ST-ZIP

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: *Victoria E Boyne*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *3/8/05*
 Date Daytime Phone #