


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90112 001 ***150.00
07-19-2004 90112 002 *****8.75

DOCUMENT # P02000039912	
1. Entity Name FEDERAL SECURITY FORCE NATIONAL TRAINING ACADEMY INC.	

Principal Place of Business 905 W OAK STREET KISSISSIMEE, FL 34741	Mailing Address 905 W OAK STREET KISSISSIMEE, FL 34741
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66430212

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 14900 E. Orange LK. Blvd Suite, Apt. #, etc.
City & State	City & State Kissimmee FL.
Zip 34741	Country USA



07062004 Chg-P CR2E034 (10/03)

4. FEI Number 41-2091723		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JORDAN, EDWARD P II 13543 E HWY 50 CLERMONT, FL 34711		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

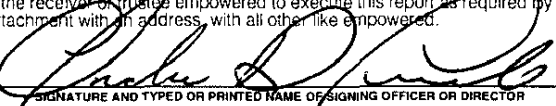
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRADO, ANDREW D 905 W OAK STREET KISSISSIMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date _____ Daytime Phone # _____

Attachment

66430212

**Florida Department of State
Division of Corporations**

7-15-04

Reference:

Notice of Intent to Dissolve

(Federal Security Force National Training Academy)

Sir/Madam

**I never received notice of Report due ,also did not receive notice of change
In notice.**

**Went to you site as directed and down loaded the Report Form and as
Instructed am sending my \$ 150.00 for the Report as well as another check
For \$ 8.75 for a Certificate of Status.**

2004 For Profit Corporation Annual Report

Document # P02000039912

Federal Security Force National Training Academy \$ 150.00 Ck#3507

Certificate of Status (1)

\$ 8.75 Ck# 3508

Thanks

Andrew D. Corrado



Signature of Andrew Corrado
notarised 7/17/04

