

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90229 024 ***150.00

DOCUMENT # P02000047801					
1. Entity Name INSTITUTE FOR CONTINUING EDUCATION OF FLORIDA, INC.					
Principal Place of Business 8902 N. DALE MABRY HIGHWAY SUITE #102 TAMPA, FL 33614-1579			Mailing Address 8902 N. DALE MABRY HIGHWAY SUITE #102 TAMPA, FL 33614-1579		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01092004 Chg-P CR2E034 (10/03)	
4. FEI Number 02-0594205				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCALLISTER, JOHN E JR 8902 N. DALE MABRY HIGHWAY SUITE #102 TAMPA, FL 33614-1579			Name <u>ALAN BENSON</u> Street Address (P.O. Box Number is Not Acceptable) <u>8902 N. DALE MABRY</u> <u>SUITE #102</u> City <u>TAMPA</u> <u>FL</u> <u>33614-1579</u> Zip Code <u>33614</u>		
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>ALAN BENSON</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCALLISTER, JOHN E JR 8902 N. DALE MABRY HIGHWAY TAMPA, FL 336141579 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT ALAN BENSON 8902 N. DALE MABRY STE-102 TAMPA, FL 33614-1579 <input type="checkbox"/> Change <input checked="" 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: <u>Alan Benson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>04/22/2004</u> Daytime Phone # <u>367-1520</u>		