


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-19-2004 90366 046 ***150.00

DOCUMENT # P02000076386	
1. Entity Name DEDICATED TRAINING SOLUTIONS, INC.	

Principal Place of Business 701 N. HERCULES AVE. SUITE D CLEARWATER, FL 33765	Mailing Address 701 N. HERCULES AVE. SUITE D CLEARWATER, FL 33765
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2. Principal Place of Business 601 Cleveland Street Suite Apt. #, etc. 500	3. Mailing Address Same Suite, Apt. #, etc.
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City & State Clearwater FL	City & State
Zip 33755	Country USA

03182004 Chg-P CR2E034 (10/03)

4. FEI Number
04-3701560

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

6. Name and Address of Current Registered Agent WEBB, JOSEPH W 701 N. HERCULES AVE. SUITE D CLEARWATER, FL 33765	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) #500 City Clearwater FL Zip Code 33755	
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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 *Joseph Webb* (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P WEBB, JOSEPH W 701 N. HERCULES AVE., SUITE D CLEARWATER, FL 33765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Joseph Webb* 3/18/04 727 631-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #