

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90212 008 ***150.00

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1. Entity Name

AUTO CONTROL TRAINING, INC.



Principal Place of Business

1130 SEA GRAPE CIRCLE
DELRAY BEACH FL 33445

Mailing Address

1130 SEA GRAPE CIRCLE
DELRAY BEACH FL 33445

2. Principal Place of Business

4115 LAURELWOOD LN

Suite, Apt. #, etc.

3. Mailing Address

4115 LAURELWOOD LN

Suite, Apt. #, etc.

City & State

DELRAY BCH, FL

Zip
33445

Country

PALM BEACH

City & State

DELRAY BCH, FL

Zip
33445

Country

PALM BEACH

4. FEI Number

56-2288740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

MARTIN, STEVEN
737 LUNA DR
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name
(FIRST) EDWARD G. STANLEY

Street Address (P.O. Box Number is Not Acceptable)

4115 LAURELWOOD LANE

City DELRAY BEACH

FL

Zip Code
33445

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

MAR 30 2005

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME STANLEY, EDWARD G ☐ Delete
STREET ADDRESS 1130 SEA GRAPE CIRCLE
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE TR
NAME STANLEY, EDWARD G ☐ Delete
STREET ADDRESS 1130 SEA GRAPE CIRCLE
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE CL
NAME STANLEY, EDWARD G ☐ Delete
STREET ADDRESS 1130 SEA GRAPE CIRCLE
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

(FIRST) (LAST)
P EDWARD G. STANLEY ☒ Change ☐ Addition
STREET ADDRESS 4115 LAURELWOOD LANE
CITY-ST-ZIP DELRAY BEACH FL 33445

TR STANLEY, EDWARD G ☒ Change ☐ Addition
STREET ADDRESS 4115 LAURELWOOD LANE
CITY-ST-ZIP DELRAY BEACH, FL 33445

CL STANLEY, EDWARD G ☒ Change ☐ Addition
STREET ADDRESS 4115 LAURELWOOD LANE
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

EDWARD G. STANLEY

MAR 30 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5613381-3885