

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000100314

1. Entity Name
**FLORIDA TECHNICAL COLLEGE OF JACKSONVILLE,
INC.**



Principal Place of Business

**600 HART ROAD
SUITE 125
BARRINGTON, IL 60010**

Mailing Address

**600 HART ROAD
SUITE 125
BARRINGTON, IL 60010**



08172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4389724

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KLETTKE, WILLIAM
STREET ADDRESS	600 HART ROAD SUITE 125
CITY - ST - ZIP	BARRINGTON, IL 60010
TITLE	S
NAME	KLETTKE, WILLIAM
STREET ADDRESS	600 HART ROAD SUITE 125
CITY - ST - ZIP	BARRINGTON, IL 60010
TITLE	AS
NAME	DECATUR, ERIC
STREET ADDRESS	8000 SEARS TOWER
CITY - ST - ZIP	CHICAGO, IL 60606
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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08/26/04-80002-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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

August 23, 2004

Date

847-620 3800

Daytime Phone #