2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000100314

1. Entity Name

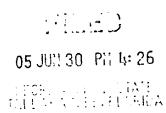
FLORIDA TECHNICAL COLLEGE OF JACKSONVILLE, INC.



Principal Place of Business

600 HART ROAD SUITE 125 BARRINGTON, IL 60010 Mailing Address

600 HART ROAD SUITE 125 Barrington, IL 60010





DO NOT WRITE IN THIS SPACE

06292005 No Chg-P CR2E034 (10/03)

4. FEI Number	Applied	For
36-4389724	Not App	licable
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

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									
	LE NOW!!! FEE IS \$550.00 ue by September 7, 2005	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLETTKE, WILLIAM 600 HART ROAD SUITE 125 BARRINGTON, IL 60010			800057345058 07/12/05-01033007					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KLETTKE, WILLIAM 600 HART ROAD SUITE 125 BARRINGTON, IL 60010		U7/12/8501033007 **\$550.00						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DECAT Ū R, ERIC 8000 SEARS TOWER CHICAGO, IL 60606			DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									

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

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.

CNATIRE:

ACCIPITAM

VI21/05

F47-120-3800

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