


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000100314 1. Entity Name FLORIDA TECHNICAL COLLEGE OF JACKSONVILLE, INC.	
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Principal Place of Business 600 HART ROAD SUITE 125 BARRINGTON, IL 60010	Mailing Address 600 HART ROAD SUITE 125 BARRINGTON, IL 60010
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DO NOT WRITE IN THIS SPACE

FILED
05 JUN 30 PM 4: 26
TOLSON
DEPT. OF JUSTICE
WASHINGTON, D.C. 20535

06292005 No Chg-P CR2E034 (10/03) 05

4. FEI Number 36-4389724	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLETTKE, WILLIAM 600 HART ROAD SUITE 125 BARRINGTON, IL 60010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KLETTKE, WILLIAM 600 HART ROAD SUITE 125 BARRINGTON, IL 60010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DECATOR, ERIC 8000 SEARS TOWER CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

800057345068
07/12/05--01033--007 **550.00

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: Eric P. Decator Asst. Secretary 6/29/05 847-620-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #