## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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## **DOCUMENT # P02000104356**

1. Entity Name

SARÁSOTA PROACTIVE LAW ENFOREMENT TRAINING CORPORATION



FILED Jan 10, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1520 GLEN OAKS DR E UNIT C143 SARASOTA, FL 34232 1520 GLEN OAKS DR E UNIT C143 SARASOTA, FL 34232



01062005

No Chg-P

CR2E034 (10/03)

4. FEI Number 54-2072731

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and /	Addre	ss of	Curre	int Rec	istered	Agent

LEWIS, RICHARD D 1520 GLEN OAKS DR E UNIT C143 SARASOTA, FL 34232

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		· ·							
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_	Signsture, typed or printed name of registered agent and title	f applicable. (NOTE: Registered Aper	d Agent agnature required when reinstaling) DATE						
	E NOW!!! FEE IS \$150.00 ny 1, 2005 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	CTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEWIS, RICHARD D 1520 GLEN OAKS DR E UNIT C143 SARASOTA, FL 34232				U00000174744				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/10/05-80021-024 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	DO	NOT WRITE				
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN T	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-	•				
TITLE 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 affect as if made under onth, that I am an officer or director.									

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 AND TYPED OR PRICED NAME OF SIGNING OFFICER OR DIRECTO

1/7/05 (941) 954-708