## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## **FILED** Apr 06, 2007 08:00 All Secretary of State **DOCUMENT # P02000131673** MCPHERSON TRAINING CONCEPTS, INC. Mailing Address Principal Place of Business 850310 US HIGHWAY 17 S 850310 US HIGHWAY 17 S YULEE, FL 32097 YULEE, FL 32097 CR2E034 (11/05) 01182007 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 03-0497747 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCPHERSON, MICHAEL D DO NOT WRITE 85428 TRINITY CIRCLE YULEE, FL 32097 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 (NOTE: Registered Agent signature required when rematished) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MCPHERSON, MICHAEL D STREET ADDRESS 12348 BURNING EMBERS LANE CITY-ST-ZIP JACKSONVILLE, FL 32225 TITLE U00000693237 04/16/07-80031-019 150.00 NAME STREET ADDRESS COTY-ST-7IP TIT: F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

TITLE NUME STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR