


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000131673  
 1. Entry Name  
 MCPHERSON TRAINING CONCEPTS, INC.



Principal Place of Business      Mailing Address  
 850310 US HIGHWAY 17 S      850310 US HIGHWAY 17 S  
 YULEE, FL 32097      YULEE, FL 32097

**DO NOT WRITE IN THIS SPACE**



04142008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 03-0497747      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MCPHERSON, MICHAEL D  
~~85428 TRINITY CIRCLE~~    850310 US HWY 17  
 YULEE, FL 32097

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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: *Michael D McPherson*      DATE: 4/14/08

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reactivating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

000000905572  
 05/01/08-80048-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCPHERSON, MICHAEL D
STREET ADDRESS	12348 BURNING EMBERS LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32225
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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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 or other like empowered.

SIGNATURE: *Michael D McPherson*      DATE: 4/14/08      DAYTIME PHONE: 904 548 0160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR