

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90220 040 \*\*\*163.75

DOCUMENT # P03000120770

1. Entity Name

CORE DYNAMICS TRAINING CENTER, INC.



Principal Place of Business

4403 ROOSEVELT BLVD.  
SUITE 104  
JACKSONVILLE FL 32210  
US

Mailing Address

2571 STONEBRIDGE DRIVE  
JACKSONVILLE FL 32223  
US

2. Principal Place of Business

1950 SAN MARCO BLVD. SUITE 05

3. Mailing Address

1950 SAN MARCO BLVD.

Suite, Apt. #, etc.

SUITE 05

Suite, Apt. #, etc.

SUITE 05

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

Zip

32207

Country

USA

Zip

32207

Country

USA

4. FEI Number

36-4542298

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

ENTWISTLE, RICHARD D  
2571 STONEBRIDGE DRIVE  
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Richard D. Entwistle*

RICHARD D. ENTWISTLE PRESIDENT

APRIL 28, 2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☒

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME ENTWISTLE, RICHARD D  
STREET ADDRESS 2571 STONEBRIDGE DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE S/TR ☐ Delete  
NAME SCOTT, THOMAS L  
STREET ADDRESS 11 E. FORSYTH STREET, STE. #502  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE VICE PRESIDENT ☐ Delete  
NAME MIREAM J. ENTWISTLE  
STREET ADDRESS 2571 STONEBRIDGE DRIVE  
CITY-ST-ZIP JACKSONVILLE, FLORIDA 32223

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

*Richard D. Entwistle* PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 28, 2004 (904) 898-6442

Date

Daytime Phone #