2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State
03-07-2005 90281 026 ***150.00

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DOCUMENT # P04000080220

1. Entity Name
THE CERTIFICATION GROUP, INC.

66008993

Principal Place of Business	Mailing Address
9471 BAYMEADOWS ROAD SUITE 202 JACKSONVILLE, FL 32256 US	9471 BAYMEADOWS ROAD SUITE 202 JACKSONVILLE, FL 32256 US

01032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9176 CYPRUS GREEN DR	
Suite, Apt. #, etc. 105	Suite, Apt. #, etc.
City & State JACKSONVILLE, FL	City & State
Zip 32256 Country USA	Zip Country

4. FEI Number 20-1143493 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BERGFELD, RUDOLPH P
9471 BAYMEADOWS ROAD
SUITE 202
JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent

Name: BERGFELD, RUDOLPH P.
Street Address (P.O. Box Number is Not Acceptable): 9116 CYPRUS GREEN DR
105
City: JACKSONVILLE FL Zip Code 32256

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] March 2, 2005
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	BERGFELD, RUDOLPH P	
STREET ADDRESS	9471 BAYMEADOWS ROAD, SUITE 202	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CHAIRMAN	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	JOSEPH T. PALERMO, III	
STREET ADDRESS	9116 CYPRUS GREEN DR	
CITY-ST-ZIP	Suite # 105	
TITLE / NAME	JACKSONVILLE FL. 32256	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] R. Bergfeld, Chair 3/5/05 (904) 703-9350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #