

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

09-12-2005 90002 018 \*\*\*550.00  
P04000111880

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CR2E034 (5/05)

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**DOCUMENT # P04000111880**  
1. Entity Name  
**ULTIMATE TRAINING SYSTEMS, INC.**



Principal Place of Business  
1300 SW 22ND AVENUE  
CAPE CORAL FL 33991  
US

Mailing Address  
1300 SW 22ND AVENUE  
CAPE CORAL FL 33991  
US

2. Principal Place of Business  
**1272 Burtwood dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**1272 Burtwood dr**  
Suite, Apt. #, etc.

City & State  
**FL Myers, FL**  
Zip  
**33901** Country  
**USA**

City & State  
**FL Myers, FL**  
Zip  
**33901** Country  
**USA**

4. FEI Number  
**20-1428866** Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**MARSHALL, LUKE**  
1300 SW 22ND AVENUE  
CAPE CORAL FL 33991

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 *[Signature]* DATE **9-5-05**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 7, 2005**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MARSHALL, LUKE 1300 SW 22ND AVENUE CAPE CORAL FL 33991 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **LUKE MARSHALL** DATE **9-5-05** 239-645-4280  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR