


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000124281		
1. Entity Name DUVAL TRAINING INSTITUTE CORP.		

Principal Place of Business 6905 ATLANTIC BOULEVARD JACKSONVILLE, FL 32211	Mailing Address 6905 ATLANTIC BOULEVARD JACKSONVILLE, FL 32211
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2. Principal Place of Business 761 UNIVERSITY BOULEVARD	3. Mailing Address 761 University Boulevard
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JACKSONVILLE, FL	City & State Jacksonville, FL
Zip 32211	Zip 32211
Country USA	Country USA

6. Name and Address of Current Registered Agent OSAHON, BASIL W MR. 1944 HOVINGTON CIRCLE East West JACKSONVILLE, FL 32246	
7. Name and Address of New Registered Agent Name: OSAHON, BASIL W. MR. Street Address (P.O. Box Number is Not Acceptable): 1944 Hovington Circle West City: Jacksonville FL Zip Code: 32211	

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: _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE: _____ <small>(NOTE: Registered Agent signature required when transferring)</small>

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BASIL, OSAHON W 1944 HOVINGTON CIRCLE EAST JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ISI, OSAHON 1944 HOVINGTON CIRCLE EAST JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700051808917 05/24/05--01004--008 ***8.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OSAHON, EBEHI 1944 HOVINGTON CIRCLE EAST JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700051808917 04/29/05--01018--016 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>BW</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>5/16/05</u> Daytime Phone #: <u>904 743 5566</u>

FILED

05 MAY 24 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05032005 Chg-P CR2E034 (10/03)

4. FEI Number 13-425 3377	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

Handwritten: 11/18/05 5/24/05