## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY ST-ZIP

CITY-ST-ZIP

### Secretary of State 06-21-2007 90022 023 \*\*\*150.00 DOCUMENT # P05000030106 MRL TRAINING CONSULTANTS, INC. 40121275 Principal Place of Business Mailing Address 1505 OAK TREE COURT 1505 OAK TREE COURT APOPKA, FL 32712 APOPKA, FL 32712 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 05302007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-2426983 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEVY, MICHELE R Street Address (P.O. Box Number is Not Acceptable) 1505 OAK TREE COURT APOPKA, FL 32712 City 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 (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. П Due by September 14, 2007 Added to Fees corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE ☐ Delete Channe ☐ Addition LEVY, MICHELE R NAME NAME STREET ADDRESS 1505 OAK TREE COURT STREET ADDRESS CITY ST-ZIP APOPKA, FL 32712 CITY ST ZIP D TITLE Delete ☐ Change Addition LEVY, JOSEPH NAME NAME STREET ADDRESS 1505 OAK TREE COURT STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32712 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED Jun 21, 2007 8:00 am

Change

Change

Addition

Addition

12. I hereby certify that the information supplied with this filling 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

CITY-ST ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

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changed, or on an attachment with an address, with all other like empowered.	_	**
SIGNATURE: Michell R Leng	6/9/07	(407) 375-1906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

# ATTACHMENT 40121275

## **Division of Corporations**

## **Annual Report**

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

Document Number

**Business** Entity Name

Prior notice was

FEI Number

FEI Number Status

Certificate of Status Desired

Election Campaign Financing Trust Fund

Contribution

P05000030106

MRL TRAINING CONSULTANTS, INC.

Received - \$400.00 late fee will be

charged.

202426983

No

No

**Principal Place of Business** 

Address

1505 OAK TREE COURT

Suite, Apt. #, etc.

City, State

APOPKA, FL

**Zip Code & Country** 32712

**Mailing Address** 

**Address** 

1505 OAK TREE COURT

Suite, Apt. #, etc.

City, State

APOPKA, FL

Zip Code & Country 32712

Name and Address of Registered Agent

Name (Last, First, Middle, Title) LEVY, MICHELE, R

Address

1505 OAK TREE COURT

Suite, Apt. #, etc.

City, State

APOPKA, FL

Zip Code & Country

32712 US

Registered Agent Signature

MICHELE R. LEVY

Officer/Director Name and Address

Title

Name (Last, First, Middle, Title) LEVY, MICHELE, R

Muchele R Ley

**Division of Corporations** 

ATTACHMENT 40121275 1505 OAK TREE COURT

Page 2 of 2

Street Address

City, State

APOPKA, FL

Zip Code & Country

32712

Title

D

Name (Last, First, Middle, Title) LEVY, JOSEPH

Street Address

1505 OAK TREE COURT

City, State

APOPKA, FL

Zip Code & Country

32712

Title

V.P.

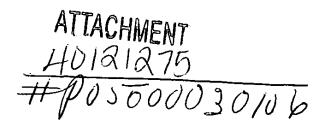
Officer/Director Signature JOSEPH LEVY

Continue

Start Over

**Sunbiz Home Page** 

**Annual Report Help** 



May 8, 2007

Florida Dept. Of State Division of Corporations P.O. Box 8700 Tallahassee, FL. 32314

Dear Sir:

This is to notify that I have exceeded the May 1, 2007 deadline due to extraordinary circumstances. My husband, Joseph Levy, who is the Vice President of the Corporation, and usually completes these forms has been very ill since April 10, 2007 with a form of leukemia, and has been undergoing a serious round of chemotherapy. I didn't realize that this Annual Report had not been submitted until I saw the postcard on his desk, this morning.

If you need to confirm this you can contact his oncologist, Dr. Lee Zehngebot at 407 898-5452. If you need a release of information signed by my husband, we can fax it to you. **Please** let me know, by email at <a href="mailto:mrlevy@cfl.rr.com">mrlevy@cfl.rr.com</a> if this is sufficient.

Thank you for your understanding.

Sincerely,

Michele Levy

nichel Ley

President, MRL Training Consultants, Inc.