

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # P05000057863**

1. Entity Name  
**TRAINING AND MANUFACTURING INSTITUTE, INC.**

Principal Place of Business      Mailing Address  
13023 WHITE VIOLET DR      13023 WHITE VIOLET DR  
NAPLES FL 34119                  NAPLES FL 34119



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

1st MOORE      CR2E034 (10/06)

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      42-1667485      Applied For  
Not Applicable

Zip      Country      Zip      Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**TIMOTHY J. COTTER, PA**  
**599 9TH STREET NORTH**  
**SUITE 313**  
**NAPLES FL 34102**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	D BURDICK, WALTON E 13023 WHITE VIOLET DRIVE NAPLES FL 34119 <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	000000595572 01/23/07-80045-003 150.00
TITLE NAME	D JUSTER, ROBERT W 6225 RESERVE CIRCLE NAPLES FL 34119 <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** W.E. Burdick      **W.E. Burdick**      1/18/07      239-254-8040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #