

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000057863

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

13023 WHITE VIOLET DR  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

13023 WHITE VIOLET DR  
NAPLES, FL 34119

**New Mailing Address:**

**FEI Number:** 42-1667485

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BURDICK, WALTON E  
Address: 13023 WHITE VIOLET DRIVE  
City-St-Zip: NAPLES, FL 34119

Title: D  
Name: JUSTER, ROBERT W  
Address: 6225 RESERVE CIRCLE  
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: W. E. BURDICK

PRES

01/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date