

2007 FOR PROFIT CORPORATION ANNUAL REPORT

05-03-2007 90033 012 ***150.00
P05000140409

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000140409 1. Entity Name FORTRESS TRAINING & SECURITY CONSULTANTS, INC.					
Principal Place of Business 5372 CHESTNUT LAKE DRIVE JACKSONVILLE, FL 32258			Mailing Address 5372 CHESTNUT LAKE DRIVE JACKSONVILLE, FL 32258		
2. Principal Place of Business - No P.O. Box # 14426 CHERRY LAKE DR. E.		3. Mailing Address 14426 CHERRY LAKE DR. E.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		4. Filing Number 203641648	
Zip 32258		Country USA		Zip 32258	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HERFY, IMAD A 5372 CHESTNUT LAKE DRIVE JACKSONVILLE, FL 32258			7. Name and Address of New Registered Agent Name HERFY, IMAD A Street Address (P.O. Box Number is Not Acceptable) 14426 CHERRY LAKE DR. E. City JACKSONVILLE FL Zip Code 32258		
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 fee if applicable (NOTE: Registered Agent signature required when terminating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P HERFY, IMAD A <input type="checkbox"/> Delete 5372 CHESTNUT LAKE DRIVE JACKSONVILLE, FL 32258		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HERFY, IMAD A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14426 CHERRY LAKE DR. E. JACKSONVILLE, FL 32258	
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	
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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 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			Date: 4/30/07		
<small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		