

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000078431

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** TRAINING SYSTEMS CONSULTING SERVICES INC

**Current Principal Place of Business:**

4598 WEST BAY LOOP ROAD  
FREEPORT, FL 32439

**New Principal Place of Business:**

4598 WEST BAYLOOP ROAD  
FREEPORT, FL 32439

**Current Mailing Address:**

PO BOX 918  
FREEPORT, FL 32439

**New Mailing Address:**

4598 WEST BAYLOOP ROAD  
FREEPORT, FL 32439

**FEI Number:** 20-4996911

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBINSON, CRAIG S  
38 S 8TH ST  
DE FUNIAK SPRINGS, FL 32435 US

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

MERRILL, SARAH J  
4598 W BAYLOOP ROAD  
FREEPORT, FL 32439 US

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:** SARAH J. MERRILL

01/12/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MERRILL, FRED M II  
**Address:** 4598 WEST BAYLOOP ROAD  
**City-St-Zip:** FREEPORT, FL 32439

**Title:** VP  
**Name:** MERRILL, SARAH J MERRILL  
**Address:** 4598 WEST BAYLOOP ROAD  
**City-St-Zip:** FREEPORT, FL 32439

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:** SARAH J. MERRILL

VP

01/12/2010

Electronic Signature of Signing Officer or Director

Date