2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000038067 1. Entity Name THE SOURCE FOR TRAINING, INC.								Feb 12, 2004 08:00 AM Secretary of State
THE SOUR	CE FOR	THAINING, INC.					***************************************	
Principal Place of Business 2875 S DELANEY AVE ORLANDO FL 32806			2875 5	Mailing Address 2875 S DELANEY AVE ORLANDO FL 32806			7	
2. Principal Pla	ace of Busin	3. Maik	3. Mailing Address			7		
Suite, Apt. #, etc			Suite	Suite, Apt. #, etc.				MOORE CR2E034 (11/03)
City & State			City &	& State		4.	FEI Number 59-3181361 Applied For Not Applied by	
Zip		Country	Zip		Cour	ntry	5.	Certificate of Status Desired
	6. Name	and Address of Currer	nt Registered	d Agent	·		7.	Name and Address of New Registered Agent
ROGERS, NANCY C 2875 S DELANEY AVENUE ORLANDO FL 32806							(P.O. 6	Box Number is Not Acceptable)
						City		FL Zip Code
8. The above n the obligation	named entitions of regist	y submits this statement tered agent.	for the purpo	ise of changing its	register	ed office or registe	red ag	gent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE								
After	May 1, 20	ii FEE IS \$150.00 04 Fee will be \$550.00 o Florida Department						9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.		OFFICERS AN	D DIRECTOR	RS	11.		ΑE	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
STREET ADDRESS 2	ROGERS, 1 2875 S DE	NANCY C LANEY AVE FL 32806		☐ Delete				☐ Change ☐ Addition UOGCCC0049223 — 02/13/04-80014-002 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP				☐ Delete	1	}	-	☐ Change ☐ Addition
TITLE MAME STREET ADDRESS CYTY-ST-ZIP				☐ Delete		1		Change Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP				☐ Delete		}		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	1	ş		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Defete		ł l		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR								

FILED