

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90073 003 ***150.00

DOCUMENT # P93000073235

1. Entity Name

COMPU-TRAIN EDUCATIONAL SERVICES INC.



Principal Place of Business

501 E. CERVANTES ST.
PENSACOLA FL 32501
US

Mailing Address

501 E. CERVANTES ST.
PENSACOLA FL 32501
US

24007848



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3213485

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

JONES, STEVE
5600 GRANDE LAGOON CT
PENSACOLA FL 32507

Name

Bryan J. Crews

Street Address (P.O. Box Number is Not Acceptable)

4702 Baywind Dr

City

Pensacola

FL

Zip Code

32514

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

Bryan J. Crews

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME JONES, STEVE
STREET ADDRESS 5600 GRANDE LAGOON CT
CITY-ST-ZIP PENSACOLA FL 32507

TITLE VPSD ☒ Delete
NAME JONES, PAGE C
STREET ADDRESS 5600 GRANDE LAGOON CT
CITY-ST-ZIP PENSACOLA FL 32507

TITLE TD ☐ Delete
NAME CREWS, BRYAN J
STREET ADDRESS 4702 BAYWIND DR
CITY-ST-ZIP PENSACOLA FL 32514

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPSD ☐ Change ☒ Addition
NAME Crews, Sherry L.
STREET ADDRESS 4702 Baywind Dr
CITY-ST-ZIP Pensacola, FL 32514

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Sherry L. Crews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-04 (850) 434-3414

Date

Daytime Phone #