

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000027456

1. Entity Name
TRAINING CONNECTION OF CENTRAL FLORIDA, INC.



Principal Place of Business Mailing Address
2398 EAGLE TRACE DR 2398 EAGLE TRACE DR
KISSIMMEE, FL 34746 US KISSIMMEE, FL 34746 US

FILED
Mar 14, 2005 08:00 AM
Secretary of State



01152005 No Chg-P CR2E034 (10/03)

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4. FEI Number Applied For
59-3239776 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUKOWSKI, LINDA L
2398 EAGLE TRACE DR
KISSIMMEE E, FL 34746

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution, ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST
NAME SUKOWSKI, LINDA L
STREET ADDRESS 2398 EAGLE TRACE DR
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE D
NAME SUKOWSKI, LINDA L
STREET ADDRESS 2398 EAGLE TRACE DR
CITY-ST-ZIP KISSIMMEE, FL 34746

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03/14/05-80062-002 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Linda L Sukowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/05 407-518-5551