


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000021681</b>	
1. Entity Name IMS CATASTROPHE TRAINING CENTER, INC.	

Principal Place of Business 1101 6TH AVENUE WEST SUITE 120 BRADENTON, FL 34205	Mailing Address 1101 6TH AVENUE WEST SUITE 120 BRADENTON, FL 34205
---	---

**DO NOT WRITE IN THIS SPACE**



02092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0738799	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

**6. Name and Address of Current Registered Agent**

JOHNSON, CHARLES F. I ESQ.  
BLALOCK, LANDERS, ET AL  
802 11TH STREET, W  
BRADENTON, FL 34205

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

1100000050855  
02/16/04-80027-017 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD IERULLI, STEPHEN M 1101 6TH AVENUE WEST #120 BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROSIER, ELAINE J. 1101 6TH AVE W, SUITE 114 BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARBOUR, CHRISTINA C. 1101 6TH AVE W, SUITE 114 BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD IERULLI, NICHOLAS F 1101 6TH AVE W, SUITE 114 BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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)(b), 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 Elaine J. Rosier  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04 (PH) 746-3328 X110  
Date Daytime Phone #