2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000094404

1. Entity Name

PARADIGM TRAINING SYSTEMS, INC.



Principal Place of Business

Mailing Address

7761 NORTHPOINTE BOULEVARD PENSACOLA, FL 32514

7761 NORTHPOINTE BOULEVARD PENSACOLA, FL 32514

FILED Feb 06, 2004 8:00 am Secretary of State

02-06-2004 90005 019 ***158.75

44007532



01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3472977

Applied For Not Applicable

5. Certificate of Status Desired

☑ Ş

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MCDONALD, BRUCE A 7761 NORTHPOINTE BOULEVARD PENSACOLA, FL 32514

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SQUALVE, typed or prived future of registered agent and tale if applicable. FILLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS TITLE MAKE STREET ADDRESS CITY-ST-2P MCDONALD, BRUCE A 7761 NORTHPOINTE BLVD PENSACOLA, FL \$2574 32514 TITLE NAME STREET ADDRESS CITY-ST-2P DO NOT WRITE IN THIS SPACE IN THIS SPACE IN MAKE STREET ADDRESS CITY-ST-2P IN MAKE STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS OTITY-ST-2P PENSACOLA, FL 22574 3 2 5 1 4 TITLE NAME NAME STREET ADDRESS STREET ADRESS STREET ADDRESS STREET A			urpose of changing its registere	d office or a	egistered agent, or both,	in the State of Florida. I am familian	with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11.E PTSD MCDONALD, BRUCE A 7761 NORTHPOINTE BLVD PENSACOLA, FL 22574 32514 11.E WCDONALD, MARY ANN 7761 NORTHPOINTE BLVD PENSACOLA, FL 22574 32514 11.E WCDONALD, MARY ANN 7761 NORTHPOINTE BLVD PENSACOLA, FL 22574 32514 11.E MAME SIRET ADDRESS CITY-S1-2P PENSACOLA, FL 22574 32514 11.E NAME SIRET ADDRESS CITY-S1-2P TILE IN THIS SPACE 11.E NAME 11.E NAME 11.E NAME 11.E NAME 11.E NAME	SIGNATURE.	S Suco Amar On	uld				· · ·
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Trust Fund Contribution. Trust Fund Contribution. Trust Fund Contribution. Tr		Signature, typed or printed name of registered agent and title r	applicable. (NOTE: Registered	Agent signatun	e required when reinstating)	DATE . I.	Service Commence
TITLE NAME MCDONALD, BRUCE A 7761 NORTHPOINTE BLVD PENSACOLA, FL 3257+ 32514 TITLE VP NAME MCDONALD, MARY ANN STREET ADORESS CITY-ST-ZP PENSACOLA, FL 3257+ 32514 TITLE NAME STREET ADORESS CITY-ST-ZP PENSACOLA, FL 3257+ 32514 TITLE NAME STREET ADORESS CITY-ST-ZP ITLE NAME STREET ADORESS CITY-ST-ZP TITLE NAME STREET ADORESS CITY-ST-ZP TITLE NAME STREET ADORESS CITY-ST-ZP TITLE NAME	FILE MONTH FEE 18 \$ 130.00						
MAME SIRET ADDRESS CITY-ST-ZP PENSACOLA, FL 32574 32514 TITLE WP MAME SIRET ADDRESS CITY-ST-ZP PENSACOLA, FL 32574 32514 TITLE MAME SIRET ADDRESS CITY-ST-ZP TITLE MAME	10.	OFFICERS AND DIREC	TORS	50000 50000000000000000000000000000000			
MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME TITLE MAME TITLE MAME TITLE MAME MCDONALD, MARY ANN TOTAL PLANT ANN TOTAL PLANT ANN TOTAL PLANT TITLE MAME MCDONALD, MARY ANN TOTAL PLANT TITLE MAME MCDONALD, MARY ANN TOTAL PLANT TITLE MCDONALD, MARY ANN TOTAL PLANT TITLE MCDONALD, MARY ANN TOTAL PLANT TITLE MCDONALD,	NAME Street Address	MCDONALD, BRUCE A 7761 NORTHPOINTE BLVD					
STREET ADDRESS CITY-ST-ZIP TITLE MAME TI	TITLE	VP					
CITY-ST-ZIP PENSACOLA, FL 22674 3 23 14 TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME							
TITLE MAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE MAME MAME			.,				
STREET ADDRESS CITY- ST-ZIP DO NOT WRITE IN THIS SPACE STREET ADDRESS CITY- ST-ZIP TITLE NAME		PENSACOLA, PL 32074 3217	-				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME							
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	~ · · · · · · · · · · · · · · · · · · ·	ة ين≃سيي د، حدوة د سمساء، يا	د د ۱۹۵۰ میشد سافت		DO 1	NOT WOITE	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CITY-ST-ZIP				ו טע	NOI WHILE	
TITLE NAME	TITLE				IN T	HIS SPACE	
CITY-ST-ZIP TITLE NAME		· ·			11.4	INO OLACE	
TITLE NAME							
NAME							
STREET ADDRESS							
	STREET ADDRESS						
OTY-ST-ZP	CITY-ST-ZIP						
TITLE							
NAME STREET ADDRESS	=						

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:

CITY-ST-ZIP

Buchmanand

1-6-04

850-475-9147

Date