


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90081 035 ***150.00

DOCUMENT # S82578 1. Entity Name LEAD ABATEMENT CONSULTING & TRAINING SYSTEMS, INC.	
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Principal Place of Business 900 NW 5TH AVE FT. LAUDERDALE, FL 33311	Mailing Address 900 NW 5TH AVE FT. LAUDERDALE, FL 33311
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DO NOT WRITE IN THIS SPACE



03082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0292015	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
**STUMP, JAMES F.
900 NW 5TH AVE
FT. LAUDERDALE, FL 33311**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STUMP, JAMES F. 900 NW 5TH AVE FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAAN, JULIE 900 NW 5TH AVE FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNICK, MARK 900 NW 5TH AVE FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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:  **JAMES F. STUMP** 3/8/04 800-966-9933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #