2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # \$86333** 1. Entity Name 04-26-2004 91056 022 ***158.75 CONSTRUCTION TRADES EDUCATIONAL SERVICES, Principal Place of Business Mailing Address 21931 NW 190 AVE HIGH SPRINGS FL 32643-9659 21931 NW 190 AVE HIGH SPRINGS FL 32643-9659 14009179 2. Principal Place of Business 3. Mailing Address 18819 N.W. 220 St 18819 N.W. 2205+ Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3087843 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARRETT, VIOLET Street Address (P.O. Box Number is Not Acceptable) 21931 NW 190 AVE HIGH SPRINGS FL 32643-9659 Zip Code 32643-7344 City Hrg L Springs FL Zip Code 326 43-5344 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition GARRETT, JAMES NAME NAME 18819 N.W. 220 ST STREET ADDRESS 21931 NW 190 AVE STREET ADDRESS High Springs, FL 32643-7344 **Change HIGH SPRINGS FL 32643-9659 CITY-ST-ZIP CITY-ST-ZIP TITLE D ☐ Delete TITLE GARRETT, VIOLET NAME NAME 18819 NW 220 St 21931 NW 190 AVE STREET ADDRESS STREET ADDRESS High Springs, FL 32643-7344 HIGH SPRINGS FL 32643-9659 CITY-ST-ZIP CITY-ST-7IP TITLE Change -Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-7IP ☐ Delete ☐ Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-2004

386-454-4356

FILED