


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90021 048 ***150.00

DOCUMENT # S92584

1. Entity Name
SYSTEMS TECHNICAL TRAINING AND RESEARCH CORPS., INC.



Principal Place of Business: **5025 ONIEDA TRAIL MILTON, FL 32583 US 32570**
 Mailing Address: **5155 Dogwood DR 5025 ONIEDA TRAIL MILTON, FL 32583 US 32570**

DO NOT WRITE IN THIS SPACE



03082005 No Chg-P CR2E034 (10/03)

4. FEI Number: **59-3094466** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
FARRIS, C. LAMAR
5025 ONIEDA TRAIL
MILTON, FL 32583

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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: *C Lamar Farris* (NOTE: Registered Agent signature required when reinstating) DATE: **3/11/05**

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

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	FARRIS, C. LAMAR
STREET ADDRESS	5025 ONIEDA TRAIL
CITY-ST-ZIP	MILTON, FL 32583
TITLE	PCD
NAME	FARRIS, MARY P.
STREET ADDRESS	5025 ONIEDA TRAIL
CITY-ST-ZIP	MILTON, FL
TITLE	D
NAME	ELLIOTT, JOHN DAVID
STREET ADDRESS	5235 WILLING STREET, STE B
CITY-ST-ZIP	MILTON, FL 32570
TITLE	D
NAME	CSTOR, ROBERT J
STREET ADDRESS	428 CHILDERS STREET
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *C Lamar Farris Vice President* DATE: **3/11/05** DAYTIME PHONE #: **8506238010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #