

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # S92584

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



Principal Place of Business 5155 DOGWOOD DR MILTON, FL 32570 US	Mailing Address 5155 DOGWOOD DR MILTON, FL 32570 US
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DO NOT WRITE IN THIS SPACE



02162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3094466	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ 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, 2007 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	CASTOR, ROBERT J
STREET ADDRESS	6531 WHIPORWILL LANE
CITY-ST-ZIP	MILTON, FL 32583
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/09/07-80024-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mary P. Farris Mary P. Farris 03/30/07 850-623-8010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #