## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Jan 20, 2004 8:00 am Secretary of State 01-20-2004 90039 015 \*\*\*150.00

DOCUMENT # V37820  1. Entity Name SOUTHEASTERN TRAINING ASSOCIATES, INC.							<b>.</b>	
Principal Place of Business 20250 MAXIM PARKWAY 0RLANDO, FL 32833-3831 US Mailing Address 20250 MAXIM PARKWAY 0RLANDO, FL 32833-3831 US ORLANDO, FL 32833				<u> </u>		6480	0036	
2. Fincipal Place of Business 113- Keswick Court Suite. Apr. #, etc.		3. Mailing Address P.O. Box 2310 Suite, Apt. #, etc.		01092004 Chq-P CR2E034 (10/03)				
City & State Murrells Inlet, SC		City & State Murrells Inlet, SC		t. SC	4. FEI Number 59-31302		Ap	plied For
Zip 29576	Country USA	Zip 29576	Countr		5. Certificate of		\$8.75 Add	
	6. Name and Address of Current F	legistered Agent			7. Name and Ad	Idress of New R	Registered Agent	
OUTOFIL CARV FOO				Name				
SIEGEL, GARY ESQ. 6500 S. HIGHWAY 17-92 FERN PARK, FL 32730				Street Address (P.O. Box Number is Not Acceptable)				
			+	City	FL Zip Code			
8. The above	named entity submits this statement for	the purpose of changing	its registered	d office or regist	ered agent, or both,	in the State of Flo		and accept
the obligat	ions of registered agent.							·
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when remistaring)  DATE								
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Camp Trust Fund Co			5.00 May Be'	, , , , , , , , , , , , , , , , , , ,		
10.	OFFICERS AND D	DIRECTORS	11.			IANGES TO OFF	ICERS AND DIRECTORS	S IN 11
TITLE	P Delete		TITLE	,	resident		` Change	Addition
NAME STREET ADDRESS	1		NAME	T. I	Frances K. Hutsko			
CITY-ST-ZIP	l l		CITY-S	ST-ZIP	l3 Keswid			
TITLE			TITLE		rrells 1		IX I Channe	Addition
NAME			NAME		Secretary/Treasurer			
STREET ADDRESS	20250 MAXIM PARKWAY		•		onald J.	Hutsko		
CITY-ST-ZIP			CITY-S		<u>13 Keswic</u>		<u>t</u>	
TITLE	V	☐ Delete	TITLE		ice Presi		🔀 Change	☐ Addition
NAME STREET ADDRESS	HUTSKO, FRANCES K. 20250 MAXIM PARKWAY		NAME STREET	TADDRESS I	cances K.			
CITY-ST-ZIP	ORLANDO, FL	-	CITY-S	ST-ZIP L	l3`Keswid			
TITLE		☐ Delete	TITLE	Mτ	urrells 1	niet,	SC Change	☐ Addition
NAME			NAME	,				
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	TADDRESS ST-ZIP				
TITLE		☐ Delete	TITLE	-		-	☐ Change	Addition
NAME	·		.NAME	I				
STREET ADDRESS			STREET CITY-S	T ADDRESS				
<u> </u>		П		DI-TIP			Chan-	□ sadition
TITLE NAME		Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS				T ADDRESS		<u>.</u>		
CITY-ST-ZIP	<u> </u>		спу-я	ST-ZIP	200			
12. I hereby	certify that the information supplied with	this filing does not qualify	for the exem	notion stated in		Florida Statutes	I further certify that the in	nformation

2. I hereby certify that the information supplied with this filling 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 his 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 receivers.

SIGNATURE: Frances K. Hutsko, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 16, 2004 843-357-9465