

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90010 015 ***558.75

DOCUMENT # P00000037395

1. Entity Name

FOOD SAFETY TRAINING INC.



Principal Place of Business

848 EXECUTIVE DR
STE 100
OVIDO FL 32765

Mailing Address

848 EXECUTIVE DR
STE 100
OVIDO FL 32765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3649689

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREER, JAMES A
4201 VINELAND RD SUITE 1-3
ORLANDO FL 32811

848 Executive
Drive

Oviedo, FL 32765

Name

James A Greer

Street Address (P.O. Box Number is Not Acceptable)

848 Executive Dr

Oviedo FL 32765

City

FL

Zip Code

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

3-20-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	GREER, JAMES A	
STREET ADDRESS	4201 VINELAND RD SUITE 1-3	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	☐ Delete
NAME	REILLY, JOSEPH F	
STREET ADDRESS	4201 VINELAND RD SUITE 1-3	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	☐ Delete
NAME	COLLINS, EUGENE	
STREET ADDRESS	4201 VINELAND RD SUITE 1-3	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	☐ Delete
NAME	PURNELL, HAROLD F X	
STREET ADDRESS	4201 VINELAND RD SUITE 1-3	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME	848 Executive Drive	
STREET ADDRESS	Oviedo, FL 32765	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE		☒ Change ☐ Addition
NAME	848 Executive Dr	
STREET ADDRESS	Oviedo FL 32765	
CITY-ST-ZIP	Oviedo FL 32765	
TITLE		☒ Change ☐ Addition
NAME	848 Executive Dr	
STREET ADDRESS	Oviedo FL 32765	
CITY-ST-ZIP	Oviedo FL 32765	
TITLE		☒ Change ☐ Addition
NAME	848 Executive Dr	
STREET ADDRESS	Oviedo FL 32765	
CITY-ST-ZIP	Oviedo FL 32765	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 links empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04

Date

467-760-0035

Daytime Phone #