

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000037395	
1. Entity Name FOOD SAFETY TRAINING INC.	

Principal Place of Business 848 EXECUTIVE DR STE 100 OVIEDO FL 32765	Mailing Address 848 EXECUTIVE DR STE 100 OVIEDO FL 32765
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent GREER, JAMES A 848 EXECUTIVE DR OVIEDO FL 32765	
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7. Name and Address of New Registered Agent	
Name	
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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE

10. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	GREER, JAMES A
STREET ADDRESS	848 EXECUTIVE DR
CITY-ST-ZIP	OVIEDO FL 32762
TITLE	☐ Delete
NAME	REILLY, JOSEPH F
STREET ADDRESS	848 EXECUTIVE DR
CITY-ST-ZIP	OVIEDO FL 32762
TITLE	☐ Delete
NAME	COLLINS, EUGENE
STREET ADDRESS	848 EXECUTIVE DR
CITY-ST-ZIP	OVIEDO FL 32762
TITLE	☐ Delete
NAME	PURNELL, HAROLD F X
STREET ADDRESS	848 EXECUTIVE DR
CITY-ST-ZIP	OVIEDO FL 32762
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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(f), 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: 	3-31-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date
	Daytime Phone #