

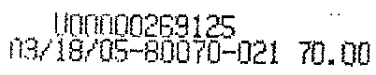


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 736226 1. Entity Name FLORIDA SCHOOL LABOR RELATIONS SERVICE, INC.			
Principal Place of Business: 203 SO MONROE TALLAHASSEE, FL 32301		Mailing Address 203 SO MONROE TALLAHASSEE, FL 32301	
DO NOT WRITE IN THIS SPACE			
		03032005 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 59-1796844	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHMIDT, MAX 203 SO MONROE ST. TALLAHASSEE, FL 32301		DO NOT WRITE IN THIS SPACE	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHMIDT, MAX 203 S MONROE STREET TALLAHASSEE, FL 32301		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BUCKLES, DAVID 200 S 7TH ST PALATKA, FL 32177		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD CONKLIN, COLLEEN 229 OCEAN PALM DR FLAGLER BEACH, FL 32136		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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 617, 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: <u>Max L. Schmidt</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-4-05 Date Daytime Phone #	