


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 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
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01052006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1796844	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO 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	
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02/09/06-80022-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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 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: Max L. Schmidt Max L. Schmidt 1-26-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #