


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90037 050 ****61.25

DOCUMENT # 736226 1. Entity Name FLORIDA SCHOOL LABOR RELATIONS SERVICE, INC.	
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Principal Place of Business 203 SO MONROE TALLAHASSEE, FL 32301	Mailing Address 203 SO MONROE TALLAHASSEE, FL 32301
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60007625



01102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1796844	Applied For 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHMIDT, MAX 203 S MONROE STREET TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GD BUCKLES, DAVID 200 S 7TH ST PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VED CD CONKLIN, COLLEEN 229 OCEAN PALM DR FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD WALLY COX 426 SCHOOL STREET SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-07

Date

850-414-2578

Daytime Phone #