


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

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

DOCUMENT # 746113 1. Entity Name FLORIDA EDUCATIONAL NEGOTIATORS, INC.	
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Principal Place of Business 203 S. MONROE ST. TALLAHASSEE, FL 32301	Mailing Address 203 S. MONROE ST. TALLAHASSEE, FL 32301
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DO NOT WRITE IN THIS SPACE



03032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1943567	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 S. 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, 2005	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	D SCHMIDT, MAX 203 S. MONROE ST. TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP STONE, RON 301 4TH STREET SW LARGO, FL 33770
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03/18/05-80049-021 61.25

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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: Max X Schmidt 3-4-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #