

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-26-2007 90042 036 ****61.25

DOCUMENT # 746113

1. Entity Name
FLORIDA EDUCATIONAL NEGOTIATORS, INC.



Principal Place of Business
203 S. MONROE ST.
TALLAHASSEE, FL 32301

Mailing Address
203 S. MONROE ST.
TALLAHASSEE, FL 32301

60007889



DO NOT WRITE IN THIS SPACE

01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1943567

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHMIDT, MAX
STREET ADDRESS	203 S. MONROE ST.
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	BP
NAME	STONE, RON
STREET ADDRESS	301 4TH STREET SW
CITY-ST-ZIP	LARGO, FL 33770
TITLE	PRES
NAME	ALLAN HAMBLETT
STREET ADDRESS	5775 OSCEOLA TRAIL
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-07

Date

850-414-2578

Daytime Phone #