

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90030 047 ****70.00

DOCUMENT # 746113

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

40044310



DO NOT WRITE IN THIS SPACE

02212008 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, 2008**

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 P
NAME HAMBLETT, ALLAN
STREET ADDRESS 6775 OSCEOLA TRAIL
CITY-ST-ZIP NAPLES, FL 34109

CHUCK BUTLER
817 BILL BECK Blvd.
Kissimmee, FL 34744

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

MAX L. SCHMIDT 3-6-08 8504142578

Date

Daytime Phone #