

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90406 025 ****61.25

DOCUMENT # N22035

1. Entity Name
FLORIDA ELECTRICAL APPRENTICESHIP & TRAINING, INC.



Principal Place of Business
**2900 W OAK RIDGE RD
1600
ORLANDO, FL 32809 US**

Mailing Address
**PO BOX 592949
ORLANDO, FL 32859 US**

40076000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2866435

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SASSO, MICHAEL
390 N. ORANGE AVENUE, STE 2700
ORLANDO, FL 32801**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **FREINER, MICHAEL**
STREET ADDRESS **630 KISSIMMEE AVE.**
CITY-ST-ZIP **OCOE, FL 34761**

TITLE **I** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **CROSS, KENNETH**
STREET ADDRESS **530 W. GRAND STREET**
CITY-ST-ZIP **ORLANDO, FL 32805**

TITLE **V** ☐ Change ☒ Addition
NAME **Greg Akers**
STREET ADDRESS **3102 Overland Rd. Bldg #D**
CITY-ST-ZIP **Apopka, FL 32703**

TITLE **D** ☐ Delete
NAME **GIFFORD, PAUL**
STREET ADDRESS **1428 E SEMORAN BLVD SUITE 120**
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BROWN, JIM**
STREET ADDRESS **430 WEST DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **BLOETHNER, CRAIG**
STREET ADDRESS **411 W. ENTERPRISE ST.**
CITY-ST-ZIP **OCOE, FL 34761**

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **SHEETS, DAVID**
STREET ADDRESS **430 WEST DRIVE**
CITY-ST-ZIP **ALTAMONTE SPGS, FL 32714**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

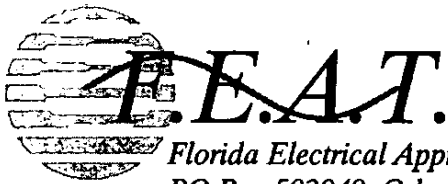
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig A. Bloethner 4/18/06 407-438-3328

Date

Daytime Phone #



Florida Electrical Apprenticeship & Training, Inc.
PO Box 592949, Orlando, FL 32859-2949

ATTACHMENT 40076007

#N22035

(407) 438-3328
FAX (407) 438-8202

FET #59-2866435

Officers and Directors, Continued

D

Ron Solomon
875 Jackson Street
Winter Park, FL 32789

D

Steve Thompson
630 Kissimmee Avenue
Ocoee, FL 34761