


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90052 035 \*\*\*\*61.25

**DOCUMENT # N96000002011**

1. Entity Name  
**FLORIDA EDUCATIONAL TECHNOLOGY CORPORATION**



Principal Place of Business  
**1910 BUFORD BLVD**  
**1**  
**TALLAHASSEE, FL 32308 US**

Mailing Address  
**POST OFFICE BOX 13468**  
**TALLAHASSEE, FL 32317-468 US**

**94043010**



01062004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3388610</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**EASON, D. MICHAEL**  
**704 DUPARC CIRCLE**  
**TALLAHASSEE, FL 32312**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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	D EASON, D M 704 DUPARC CIRCLE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NANNS, LARRY 3993 E 21ST ST TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> Delete SHEEHAN, JAMES 3348 FORREST HILL BLVD STE B301 WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ORTEGA, JORGE 2757 W. PENSACOLA ST TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FREEMAN, LOUISE 5143 ICICLE HILL TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Brian Curry 4202 E. Fowler Ave, DAC 101 Tampa, FL 33620

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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:** Michael Eason **3/31/04** **850-219-9600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #