


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000002011

1. Entity Name
FLORIDA EDUCATIONAL TECHNOLOGY CORPORATION



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

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



01302006 No Chg-NP CR2ED37 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3388610	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

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

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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 \$81.25
Due by May 1, 2006

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	P NANNS, LARRY 3993 E 21ST ST TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CURRY, BRIAN 4202 E. FOWLER AVE, DAC 101 TAMPA, FL 33620
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	

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 02/23/06-80040-012 61.25

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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: *Michael Eason* **2/10/06** **850.219.9600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #