2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2004 8:00 am
Secretary of State
05-13-2004 90010 015 ***558.75

DOCUMENT # P00000037395

1. Entity Name

FOOD SAFETY TRAINING INC.

Principal Place of Business	Mailing Address
848 EXECUTIVE DR STE 100 OVIEDO FL 32765	848 EXECUTIVE DR STE 100 OVIEDO FL 32765

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3649689 ☐ Applied For ☐ Not Applicable

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
GREER, JAMES A ~~4201 VINELAND RD SUITE I-3~~ ~~ORLANDO FL 32811~~ 848 Executive Drive Oviedo, FL 32765	Name: James A Greer Street Address (P.O. Box Number is Not Acceptable): 848 Executive Dr Oviedo FL 32765 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 _____ 3-20-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREER, JAMES A ~~4201 VINELAND RD SUITE I-3~~ ORLA~~NDO FL 32811~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 848 Executive Drive Oviedo, FL 32765
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REILLY, JOSEPH F ~~4201 VINELAND RD SUITE I-3~~ ~~ORLANDO FL 32811~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 848 Executive Dr Oviedo FL 32765
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLINS, EUGENE ~~4201 VINELAND RD SUITE I-3~~ ORLANDO FL 32811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 848 Executive Dr Oviedo FL 32765
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PURNELL, HAROLD F X ~~4201 VINELAND RD SUITE~~ I-3 ~~ORLANDO FL 32~~811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 848 Executive Oviedo FL 32765
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 607, 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: James A Greer 1/30/04 407-776-0035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #