

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # P02000021658

1. Entity Name

PROFESSIONAL SAFETY EDUCATORS, INC.



Principal Place of Business

243 OFFICE PLAZA DR
TALLAHASSEE FL 32301

Mailing Address

243 OFFICE PLAZA DR
TALLAHASSEE FL 32301



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **35-2160909**

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

HARTIN, BARRY
3764 FORSYTHE WAY
TALLAHASSEE FL 32309

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

[Handwritten Signature]

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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-STATE-ZIP
CEOC
HARTIN, JEANINE
3764 FORSYTHE WAY
TALLAHASSEE FL 32309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition
U000000692916
04/16/07-80019-006 150.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VCFO
HARTIN, BARRY
3764 FORSYTHE WAY
TALLAHASSEE FL 32309 ☐ Delete

TITLE
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-307

850-222-0020

Date

Daytime Phone #