



FILED
Aug 11, 2006 8:00 am
Secretary of State

03-16-2006 90223 050 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000148126			
1. Entity Name EMERGENCY RESPONSE EDUCATORS OF FLORIDA, INC.			
Principal Place of Business 1387 SAGO LANE WESTON, FL 33327		Mailing Address 1387 SAGO LANE WESTON, FL 33327	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		4. JEL Number 20-3954030 Applied For Not Applicable	
5. Name and Address of Current Registered Agent LEPSELTER, STEVEN S 1387 SAGO LANE WESTON, FL 33327		6. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P LEPSELTER, STEVEN S 1387 SAGO LANE WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this form 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 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: 		3/11/06 954-594-0295	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR</small>		<small>Date</small> <small>Daytime Phone #</small>	

66022955



03082006 Chg-P CR2E034 (11/05)

ATTACHMENT

66 022955

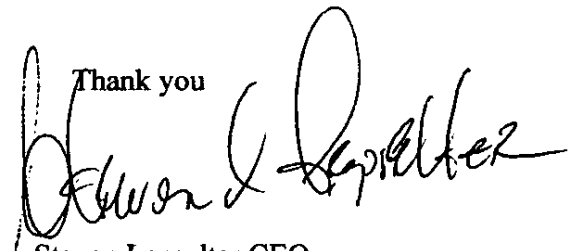
Emergency Response Educators of Florida
P.O Box 268346
Weston, Florida 33326

August 4, 2006

Florida Department of State Division of Corporations
P.O Box 1500
Tallahassee, Florida 32302-1500
Dear Florida Department of State Division of Corporations,

This is the third time I am submitting the form 2006 for profit corporations annual report document number PO5000148126 for Emergency Response Educators of Florida. I spoke to a person in your office and they stated that the form was still not there. The first time it was sent was on March 26, 2006 within the 30 days of receiving the first letter. All information was provided and sent back to you. The FEI # in space 4 on the form was appropriately filled out. The number is 20-3954030. And the check for 150.00\$ was cashed by your agency. I have delivered all in the allotted time. The form was sent 3 times and still not posted. Please wave any fines or penalties due to that I have sent and paid in the appropriate time.

Thank you



Steven Lepselter, CEO