

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000063802

FILED
Feb 23, 2007
Secretary of State

Entity Name: SAFETY&EQUIPMENT OPERATOR CERTIFICATION SCHOOL SOUTH FLORIDA INC.

Current Principal Place of Business:

7011 ALICO ROAD
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

12301 S. TAMIAMI TRAIL
SUITE 320 PMB 192
ESTERO, FL 33928

New Mailing Address:

FEI Number: 20-4846698 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEUMEISTER, PAUL E JR
17233 CAPRI DRIVE
FORT MYERS, FL 33967 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: NEUMEISTER, PAUL E JR.
Address: 730 HOLIDAY DR.
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: VP () Delete
Name: NABOR, CONNIE M
Address: 8321 BUENA VISTA RD
City-St-Zip: FORT MYERS, FL 33912 US

Title: S/T () Delete
Name: NEUMEISTER, JESSICA
Address: 730 HOLIDAY DR
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: NEUMEISTER, PAUL E JR.
Address: 17233 CAPRI DRIVE
City-St-Zip: FORT MYERS, FL 33967 US

Title: VP (X) Change () Addition
Name: NABOR, CONNIE M
Address: 8321 BUENA VISTA RD
City-St-Zip: FORT MYERS, FL 33967 US

Title: SEC (X) Change () Addition
Name: NEUMEISTER, JESSICA
Address: 17233 CAPRI DRIVE
City-St-Zip: FORT MYERS, FL 33967 US

Title: TRES () Change (X) Addition
Name: HARVEY, DONNA
Address: 2601 PHILLIPS ROAD
City-St-Zip: ALVA, FL 33920 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE NABOR

VP

02/23/2007

Electronic Signature of Signing Officer or Director

_____ Date