

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000063802

FILED  
Apr 05, 2008  
Secretary of State

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

**Current Principal Place of Business:**

7327 SANIBEL BLVD.  
FORT MYERS, FL 33967 US

**New Principal Place of Business:**

17233 CAPRI DR  
FORT MYERS, FL 33967 US

**Current Mailing Address:**

21301 S. TAMIAMI TRAIL  
SUITE 320 PMB 192  
ESTERO, FL 33928

**New Mailing Address:**

17233 CAPRI DR  
FORT MYERS, FL 33967 US

**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: 17233 CAPRI DRIVE  
City-St-Zip: FORT MYERS, FL 33967 US

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PAUL NEUMEISTER

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04/05/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date