

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P07000110961

1. Entity Name
MOBILE CPR EDUCATORS, CORP.



Principal Place of Business
**3275 S. JOHN YOUNG PARKWAY, SUITE 207
KISSIMMEE, FL 34746**

Mailing Address
**3275 S. JOHN YOUNG PARKWAY, SUITE 207
KISSIMMEE, FL 34746**



03162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-1221746

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROST, DONALD L
4556 ROSS LANIER LANE
KISSIMMEE, FL 34758**

**DO NOT WRITE
IN THIS SPACE**

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 _____
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, 2008 Fee will be \$550.00**

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

**U00000952181
06/04/08-80070-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MOOREFIELD, PEGGY-SUE
STREET ADDRESS	P.O. BOX 272
CITY-ST-ZIP	OAKLAND, FL 34760
TITLE	VP
NAME	BROST, DONALD L
STREET ADDRESS	4556 ROSS LANIER LANE
CITY-ST-ZIP	KISSIMMEE, FL 34758
TITLE	SEC.
NAME	BROST, DONALD L
STREET ADDRESS	4556 ROSS LANIER LANE
CITY-ST-ZIP	KISSIMMEE, FL 34758
TITLE	TRES
NAME	BROST, DONALD L
STREET ADDRESS	4556 ROSS LANIER LANE
CITY-ST-ZIP	KISSIMMEE, FL 34758
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald L. Brost
Donald L. Brost

4-29-08

Date

Daytime Phone #