

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000091455

FILED  
Apr 02, 2010  
Secretary of State

**Entity Name:** EMERGENCY RESPONSE EDUCATORS AND CONSULTANTS, INC.

**Current Principal Place of Business:**

233 NE 58TH AVENUE, SUITE 101  
OCALA, FL 34470 US

**New Principal Place of Business:**

**Current Mailing Address:**

233 NE 58TH AVENUE, SUITE 101  
OCALA, FL 34470

**New Mailing Address:**

**FEI Number:** 65-0705592      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

NEWSOME, TERESA A  
5980 N.E. 57TH LOOP  
SILVER SPRINGS, FL 34488 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: PSTD  
Name: NEWSOME, TERESA A  
Address: 5980 N.E. 57TH LOOP  
City-St-Zip: SILVER SPRINGS, FL 34488

Title: CEOD  
Name: NEWSOME, ASHLEY E  
Address: 5980 N.E. 57TH LOOP  
City-St-Zip: SILVER SRPINGS, FL 34488

I hereby 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 all other like empowered.

SIGNATURE: TERESA A. NEWSOME

PSTD

04/02/2010

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

\_\_\_\_\_  
Date