

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000023536

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Entity Name:** T'S LEARNING CENTER III, INC.

**Current Principal Place of Business:**

10915 BAYMEADOWS RD #200  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

11761 BEACH BLVD #13  
JACKSONVILLE, FL 32246

**New Mailing Address:**

**FEI Number:** 65-1176526

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TINA CALLAHAN, CPA  
4201 BAYMEADOWS ROAD  
STE. 4  
JACKSONVILLE, FL 32217 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ROHLOFF, THERESA  
**Address:** 421 ST. JOHNS GOLF DR.  
**City-St-Zip:** ST. AUGUSTINE, FL 32092

**Title:** VP  
**Name:** ROHLOFF, MARK  
**Address:** 421 ST. JOHNS GOLF DR.  
**City-St-Zip:** ST. AUGUSTINE, FL 32092

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:** MARK ROHLOFF

VP

01/16/2012

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

\_\_\_\_\_  
Date