# 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: NANCY BARNARD

Electronic Signature of Signing Officer/Director Detail

### FEI Number: 90-0284352 Name and Address of Current Registered Agent:

BARNARD, NANCY B 4453 SHIRLEY AVENUE JACKSONVILLE, FL 32210 US

**Current Mailing Address:** 4453 SHIRLEY AVENUE JACKSONVILLE. FL 32210

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

### **Officer/Director Detail :**

Title D Name BARNARD, NANCY B Address 4453 SHIRLEY AVENUE JACKSONVILLE FL 32210 City-State-Zip:

FILED Apr 23, 2023 Secretary of State 1951184483CC

Certificate of Status Desired: No

Date

Date

PRESIDENT/CEO

04/23/2023

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# P02000013273

4453 SHIRLEY AVENUE JACKSONVILLE, FL 32210

**Current Principal Place of Business:** 

## Entity Name: EDUCATIONAL DEVELOPMENT SERVICES, INCORPORATED