

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000017609

**Entity Name:** EXCELLERATED TEACHING CENTER, INC.

**Current Principal Place of Business:**

495 44TH AVENUE NORTHEAST  
ST. PETERSBURG, FL 33703

**Current Mailing Address:**

495 44TH AVENUE NORTHEAST  
ST. PETERSBURG, FL 33703 US

**FEI Number: 46-4869015**

**Certificate of Status Desired: No**

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

HASBROUCK, ROBERT  
495 44TH AVENUE NORTHEAST  
ST. PETERSBURG, FL 33703 US

*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

**Officer/Director Detail :**

Title           PTD  
Name           HASBROUCK, ROBERT  
Address        495 44TH AVENUE NORTHEAST  
City-State-Zip: ST. PETERSBURG FL 33703

Title           VSD  
Name           HASBROUCK, ELIZABETH  
Address        495 44TH AVENUE NORTHEAST  
City-State-Zip: ST. PETERSBURG FL 33703

*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: ROBERT HASBROUCK**

**OWNER**

**04/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date