

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000062489

**Entity Name:** EDUCATIONAL VENTURES, INC.**Current Principal Place of Business:**240 WAVELAND STREET  
SUITE B  
PENSACOLA, FL 32503**Current Mailing Address:**BOX 19100  
PENSACOLA, FL 32523-9100 US**FEI Number:** 59-3391234**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WELTON, DONALD MR  
8537 JORDAN RD  
BAKER, FL 32531 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:** DONALD WELTON

04/18/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR	Title	SECRETARY, DIRECTOR
Name	SHOEMAKER, TROY DR	Name	WELTON, DONALD MR
Address	250 BRENT LANE	Address	8537 JORDAN RD
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	BAKER FL 32531
Title	TREASURER	Title	PRESIDENT, DIRECTOR
Name	EAST, BEN MR	Name	RAINES, JOHNNY MR
Address	3401 MARCUS POINT BLVD	Address	75 MATTIE CT
City-State-Zip:	PENSACOLA FL 32505	City-State-Zip:	MANFIELD GA 30055
Title	DIRECTOR	Title	DIRECTOR
Name	SCOTT, SULLIVAN MR	Name	EAST, GARY MR.
Address	641 E COPELAND DR	Address	5124 PINE HOLLOW DR
City-State-Zip:	POWELL TN 37849	City-State-Zip:	PENSACOLA FL 32505

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:** BEN EAST

TREASURER

04/18/2018

Electronic Signature of Signing Officer/Director Detail

Date