

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000062489

Entity Name: EDUCATIONAL VENTURES, INC.**Current Principal Place of Business:**250 BRENT LANE
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:**SHOEMAKER, TROY DR
250 BRENT LANE
PENSACOLA, FL 32503 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 DIRECTOR
Name SHOEMAKER, TROY DR
Address 250 BRENT LANE
City-State-Zip: PENSACOLA FL 32503

Title DIRECTOR
Name CRAWFORD, BEVERLY MRS
Address 6067 ST ALBAN
City-State-Zip: PENSACOLA FL 32503

Title SECRETARY
Name WELTON, DONALD MR
Address 8537 JORDAN RD
City-State-Zip: BAKER FL 32531

Title TREASURER
Name EAST, BEN MR
Address 1012 PATRIOT PLACE
City-State-Zip: PENSACOLA FL 32534

Title PRESIDENT
Name RAINES, JOHNNY MR
Address 3275 IRIS DRIVE
City-State-Zip: CONYERS GA 30013

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: MR BEN EAST**TREASURER****04/09/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date