

**2016 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

04/12/2016

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 1533 LORD RD  
City-State-Zip: COMMERCE GA 30530

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

Title TREASURER  
Name EAST, BEN MR  
Address 3401 MARCUS POINT BLVD  
City-State-Zip: PENSACOLA FL 32505

Title PRESIDENT, DIRECTOR  
Name RAINES, JOHNNY MR  
Address 75 MATTIE CT  
City-State-Zip: MANFIELD GA 30055

Title DIRECTOR  
Name SCOTT, SULLIVAN MR  
Address 641 E COPELAND DR  
City-State-Zip: POWELL TN 37849

*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**

04/12/2016

Electronic Signature of Signing Officer/Director Detail

Date