

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000019786

**Entity Name:** ENROLLMENT SERVICES, INC.

**Current Principal Place of Business:**

110 N. ORLANDO AVE.  
SUITE 2  
MAITLAND, FL 32751

**Current Mailing Address:**

110 N. ORLANDO AVE.  
SUITE 2  
MAITLAND, FL 32751 US

**FEI Number:** 59-3234409

**Certificate of Status Desired:** No

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

BOSTROM, CHARLES F  
110 N. ORLANDO AVE.  
SUITE 2  
MAITLAND, FL 32751 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            D  
Name            BOSTROM, CHARLES F  
Address        30 MINNEHAHA CIR.  
City-State-Zip: MAITLAND FL 32751

Title            VP  
Name            BOSTROM, SHARON LOU  
Address        110 N. ORLANDO AVE.  
                 SUITE 2  
City-State-Zip: MAITLAND FL 32751

*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:** CHARLES BOSTROM

**PRES.**

**03/10/2020**

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

\_\_\_\_\_  
Date