

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 593767

1. Entity Name UNITED SCHOOLS, INC.



Principal Place of Business

2123 N. E. COACHMAN ROAD CLEARWATER, FL 34625

Mailing Address

2123 N. E. COACHMAN ROAD CLEARWATER, FL 34625

FILED Mar 21, 2007 8:00 am Secretary of State

03-21-2007 90044 007 ***150.00



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EVANS, H. MICHAEL 2123 NE COACHMAN ROAD SUITE A CLEARWATER, FL 34625

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
	Signature, typed or printed name of registered agent and title if	f applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GORDON, JOHN 2824-BRANDYWINE DR. 6055 CA CLEARWATER, FL-94621 Lake W	Jedgewood Village John, FC 33463	Cincle		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP EYLER, FERN 1126 TRAFALGAR DRIVE NEW PORT RICHEY, FL 34655				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE	ſ				

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 the eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #