

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 621056

FILED
Jul 16, 2009
Secretary of State

Entity Name: EDUCATION, INC.

Current Principal Place of Business:

2619 S. MERIDIAN
TALLAHASSEE, FL 323016545

New Principal Place of Business:

2619 S. MERIDIAN
TALLAHASSEE, FL 323016545 US

Current Mailing Address:

P.O. BOX 6888
TALLAHASSEE, FL 323016545

New Mailing Address:

P.O. BOX 6888
TALLAHASSEE, FL 323146545 US

FEI Number: 59-2106409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLAKES, ROBERT F JR
1508 WILLOW WICK DRIVE
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

FLAKES, ROBERT F OWNER
1508 WILLOW WICK DRIVE
TALLAHASSEE, FL 32808 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: ROBERT F. FLAKES II

07/16/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: FLAKES, JUANITA H
Address: 1508 WILLOW WILK DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: DP () Delete
Name: FLAKES, ROBERT F JR
Address: 1508 WILLOW WILK DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: DT () Delete
Name: FLAKES-WILLIAMS, ERIKA
Address: 1508 WILLOW WILK DR
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: FLAKES, JUANITA H OWNER
Address: 1508 WILLOW WILK DR
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: DP (X) Change () Addition
Name: FLAKES, ROBERT F OWNER
Address: 1508 WILLOW WILK DR
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: DT (X) Change () Addition
Name: FLAKES-WILLIAMS, ERIKA
Address: 1508 WILLOW WILK DR
City-St-Zip: TALLAHASSEE, FL 32308 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUANITA H. FLAKES

DS

07/16/2009

Electronic Signature of Signing Officer or Director

Date