## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 650439** 

Entity Name: EDUCATIONAL CLEARINGHOUSE, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1535-5 CAPITAL CIR NW 752 COLONIAL DRIVE TALLAHASSEE, FL 32303 HAVANA, FL 32333

Current Mailing Address: New Mailing Address:

PO BOX 3951 PO BOX 271

TALLAHASSEE, FL 323150951 HAVANA, FL 32333

FEI Number: 59-2012522 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SPEARS, PATRICIA F
ROUTE 3, BOX 706
PO BOX 261

HAVANA, FL 32333 US HAVANA, FL 32333 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: 04/30/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

Address:

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete Title: PD (X) Change ( ) Addition

Name: SPEARS, PATRICIA F, Name: SPEARS, PATRICIA F,

ROUTE 3, BOX 706 Address: PO BOX 261

HAVANA, FL City-St-Zip: HAVANA, FL 32333

Title: STD () Delete Title: STD (X) Change () Addition
Name: SPEARS M.E. SPEARS M.E. SPEARS M.E.

 Name:
 SPEARS, M F,
 Name:
 SPEARS, M F,

 Address:
 ROUTE 2, BOX 631
 Address:
 ROUTE 2, BOX 631

 City-St-Zip:
 QUINCY, FL
 2351

Title: V () Delete Title: V (X) Change () Addition

 Name:
 REEVES, JOAN D,
 Name:
 REEVES, JOAN D,

 Address:
 RT. 3, BOX 706
 Address:
 PO BOX 261

 City-St-Zip:
 HAVANA, FL
 23333

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PATRICIA F. SPEARS PRES 04/30/2004