

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F05000002252**

1. Entity Name  
**H.I.G.H.E.R. TUTORIAL SERVICES, INCORPORATED**



Principal Place of Business  
**3239 JUSTINA ROAD #43  
JACKSONVILLE, FL 32277**

Mailing Address  
**P.O. BOX 21026  
PHILADELPHIA, PA 19114**



02252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**74-3111573**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PARKER, LYSHICA P  
3239 JUSTINA ROAD #43  
JACKSONVILLE, FL 32277**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	GREEN, SHATAN D
STREET ADDRESS	1075 INDIAN MOUNTAIN LAKES
CITY- ST- ZIP	ALBRIGHTSVILLE, PA 18210
TITLE	VCVP
NAME	PARKER, LYSHICA P
STREET ADDRESS	606 S. EAST STREET/PO BOX 802
CITY- ST- ZIP	ROSEBORO, NC 28382
TITLE	D
NAME	CHARLES, OSNER
STREET ADDRESS	4305 COTTMAN AVENUE
CITY- ST- ZIP	PHILADELPHIA, PA 19135
TITLE	T
NAME	PARKER, LYSHICA P
STREET ADDRESS	606 S. EAST STREET/PO BOX 802
CITY- ST- ZIP	ROSEBORO, NC 28382
TITLE	SD
NAME	GREEN, HARRY
STREET ADDRESS	1075 INDIAN MOUNTAIN LAKES
CITY- ST- ZIP	ALBRIGHTSVILLE, PA 18210
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000840402  
03/06/08-80046-029 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 this report 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-25-08**

Date

**212-924-9055**

Daytime Phone