

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F92589

1. Entity Name
INVESTMENT EDUCATION, INC.



Principal Place of Business
3493 WINCHESTER DRIVE
PORT ORANGE, FL 32129 US

Mailing Address
3493 WINCHESTER DRIVE
PORT ORANGE, FL 32129 US

FILED

04 JAN -9 PM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2214809

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCPHEE, PETER H
3493 WINCHESTER DR
PORT ORANGE, FL 32129

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution: ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MCPHEE, PETER H
3493 WINCHESTER DR
PORT ORANGE, FL 32129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600028150376
02/03/04--01051--004 **150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Date

Daytime Phone #



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Business Entity Name

INVESTMENT EDUCATION, INC.

FEI Number

592214809

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

3493 WINCHESTER DRIVE

Suite, Apt. #, etc.

City, State

PORT ORANGE

FL

Zip Code & Country

32129

US

Mailing Address

Address

3493 WINCHESTER DRIVE

Suite, Apt. #, etc.

City, State

PORT ORANGE

FL

Zip Code & Country

32129

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name

MCPHEE, PETER H

Address

3493 WINCHESTER DR

Suite, Apt. #, etc.

City, State

PORT ORANGE

FL

Zip Code & Country

32129

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



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Business Entity Name

INVESTMENT EDUCATION, INC.Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

DP

Officer/Director Signature

Peter H. McPhee

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