

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90049 017 ***150.00

DOCUMENT # F97000004314

1. Entity Name

EFFECTIVE LEARNING SYSTEMS, INC.



Principal Place of Business

3461 BONITA BAY BLVD
STE 212
BONITA SPRINGS FL 34134
US

Mailing Address

3461 BONITA BAY BLVD., STE. 208
212
BONITA SPRINGS FL 34134
US

2. Principal Place of Business

3451 BONITA BAY BLVD.
Suite, Apt. #, etc.
STE 205

3. Mailing Address

3451 BONITA BAY BLVD
Suite, Apt. #, etc.
STE 205

City & State

BONITA SPRINGS, FL

City & State

BONITA SPRINGS, FL

Zip

34134

Country

LEE

Zip

34134

Country

LEE

6. Name and Address of Current Registered Agent

GRISWOLD, DEIRDRE M
3760 LAKEMONT DR
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Deirdre M Griswold

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

(NOTE: Registered Agent signature required when reinstating)

02-02-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME GRISWOLD, ROBERT E
STREET ADDRESS 3760 LAKEMONT DR
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE VS ☐ Delete
NAME GRISWOLD, DEIRDRE M
STREET ADDRESS 3760 LAKEMONT DR
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Deirdre M Griswold DEIRDRE M GRISWOLD, 02/02/04 2399481660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #