

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 10, 2008 08:00 AM  
Secretary of State

DOCUMENT # G25506

1. Entity Name  
EUSTIS SPEECH AND LANGUAGE CENTER, INC.



Principal Place of Business  
17521 HWY 441  
STE 6  
MOUNT DORA, FL 32757 US

Mailing Address  
17521 HWY 441  
STE 6  
MOUNT DORA, FL 32757 US



04062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>59-2262914                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |

6. Name and Address of Current Registered Agent

HALE, CATHY P.  
17521 US HWY 441  
STE 6  
MOUNT DORA, FL 32757

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

000000888428  
04/22/08-80007-023 150.00

10. OFFICERS AND DIRECTORS

|                 |                         |
|-----------------|-------------------------|
| TITLE           | PTD                     |
| NAME            | HALE, CATHY P           |
| STREET ADDRESS  | 35450 HIGHLAND DR       |
| CITY - ST - ZIP | EUSTIS, FL 00000, 32738 |

|                 |                         |
|-----------------|-------------------------|
| TITLE           | VS                      |
| NAME            | HALE, MARTY M           |
| STREET ADDRESS  | 35450 HIGHLAND DR.      |
| CITY - ST - ZIP | EUSTIS, FL 00000, 32738 |

|                 |  |
|-----------------|--|
| TITLE           |  |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |

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| NAME            |  |
| STREET ADDRESS  |  |
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| TITLE           |  |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |

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

Date

Daytime Phone #

CATHY P. HALE

04-07-08

(352)

385-1944