

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L04011

1. Entity Name
DOYLE EDUCATIONAL SERVICES, INC.



Principal Place of Business
9280 VEDRA POINTE LANE
BOCA RATON, FL 33496 US

Mailing Address
9280 VEDRA POINTE LANE
BOCA RATON, FL 33496 US

FILED
Sep 15, 2008 08:00 AM
Secretary of State



09022008 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0143105

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DOYLE, KENITH D
9280 VEDRA POINTE LANE
BOCA RATON, FL 33496

**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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DOYLE, KENITH DALE
STREET ADDRESS	9280 VEDRA POINTE LANE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	DOYLE, LORI NELSON
STREET ADDRESS	9280 VEDRA POINTE LANE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000959645
09/15/08-80001-004 150.00

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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:

Kenith Dale Doyle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/08
Date

545422218
Daytime Phone #