

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000001465**

1. Entity Name  
**EDUCATION PEOPLE, INC.**



Principal Place of Business  
**THE ROY BLD 13064 INDIAN ROCKS RD  
LARGO, FL 33774**

Mailing Address  
**THE ROY BLD 13064 INDIAN ROCKS RD  
LARGO, FL 33774**



04052006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**03-0399916**

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**

**PADOL, PHIL  
THE ROY BLD 13064 INDIAN ROCKS RD  
LARGO, FL 33774**

**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 restate)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ASHWORK, SARAH
STREET ADDRESS	144 COUNTY CLUB
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	D
NAME	BOLDEN, TRUMAN
STREET ADDRESS	1825 FAULKLAND RD
CITY-ST-ZIP	WILMINGTON, DE 19805
TITLE	VPD
NAME	BRAGMAN, RUTH
STREET ADDRESS	PO BOX 130
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	PD
NAME	PADOL, PHIL
STREET ADDRESS	13064 INDIAN ROCK ROAD
CITY-ST-ZIP	LARGO, FL 33774
TITLE	O
NAME	SUGGS, HERB
STREET ADDRESS	10224 EAST 112TH PLACE
CITY-ST-ZIP	BIKEY, OK 74008
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000497309  
04/22/06-80049-005 61.25

**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 617, 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:** *Phil Padol* **PHIL PADOL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/6/06*

*727-593-2700*