

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90182 018 ****61.25

DOCUMENT # N03000002837

1. Entity Name

EDUCATION DONE DIFFERENTLY, INC.



Principal Place of Business

607 CELEBRATION AVE.
CELEBRATION FL 34747
US

Mailing Address

607 CELEBRATION AVE.
CELEBRATION FL 34747
US

2. Principal Place of Business

607 Celebration Ave

Suite, Apt. #, etc.

3. Mailing Address

607 Celebration Ave

Suite, Apt. #, etc.

City & State

Celebration, FL 34747

Zip

34747

Country

Osceola

City & State

Celebration

Zip

34747

Country

Osceola

4. FEI Number

84-1622718

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

MOORE

CR2E037 (11/03)



6. Name and Address of Current Registered Agent

GUSTAVSSON, HAROLD S
3952 TOWNSHIP SQ. BLVD.
APT 1211
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name Virginia LaVoie

Street Address (P.O. Box Number is Not Acceptable)
2912 Evans Drive

City Kissimmee

FL

Zip Code
34758

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

Virginia LaVoie

4/25/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
President/Secretary
Jennifer Harcourt
1102 Celebration Ave.
Celebration, FL 34747

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice president/treasurer
Virginia LaVoie
2912 Evans Drive
Kissimmee, FL 34758

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
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 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:

Virginia LaVoie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/04

Date

Daytime Phone #