2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N03000009000

1. Entity Name CREATING HIGHER EDUCATIONAL SUCCESS IN SCHOOLS, INC.



FILED Apr 07, 2004 8:00 am Secretary of State 04-07-2004 90011 005 ****61.25

	•						~						
3960 WILLOW TRAIL RUN C-7 396				ing Address 60 WILLOW TRAIL RUN C-7 ORT ORANGE, FL 32127			† 25 000 M CT	2m as m aca n aca n		tim som som			
2. Principal Place of Business 3. Mai				ailing Address									
Suite, Apt. #, etc.				Suite, Api. #, etc.				03312004 Chg-NP CR2E037 (10/03)					
City & State			City & State					4. FEI Number 20-0	33232		<u> </u>	plied For t Applicable	
Zip Country			Zip	0	untry		5. Certificate of Status Desired Sa.75 Additional Fee Required						
	d Agent				7. Name and Add	ress of New Re	gistered A	jent					
LAMPKIN, STEPHEN 3960 WILLOW TRAIL RUN C-7						Name Street Address (P.O. Box Number is Not Acceptable)							
PORT OR	د	Street Adoress (P.O. Box Number is				or Acceptable)	•	<u> </u>	<u> </u>				
					City	City Fi				Zip Code			
8. The above	named entit	v submits this statement to	or the purp	ose of chancing its	register	ed office or rea	ristere	ed agent, or both, in	the State of Flori	ida. Iam ta	<u>l</u> miliar with	and accept	
	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.												
CICNATUDE													
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE """													
	Filing Fe Due by I	Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees		ike check Ia Departr					
10. OFFICERS AND DIRECTORS						A	DDITIONS/CHANG	S TO OFFICER	S AND DIRE	CTORS IN	10		
TILE				☐ Delete	TITL	E P/O			41		Change	Addition	
NAME	l				NAM	Œ .	57	tephen Lan	10 KIN R	1.1 2			
STREET ADDRESS					STRE	EET ADDRESS	46	606 Liyae	Morris 10	va zr	~		
CITY-ST-ZEP	<u> </u>					-ST-ZIP	Pa	ort Orang	e, FL	3717	9		
TITLE				☐ Delete	TITL	E V/O	D	tephen Lan 606 Clyde ort Orang onald Jaco 07 Timbe	265		Change	Addition	
NAME]				NAM	Œ [10	7 Timbe	MINK				
STREET ADDRESS	<u> </u>						6	rand Islan	A AUV	27/2	7		
CITY-ST-ZIP				***************************************		-ST-72P					<u>′</u>		
TITLE				Detete	шп	ET/S/O	40	thleen No 60 Willow	edle		Change	☐ Addition	
NAME					NAM	Œ	70	so willow	Trall Run	, C-7			
STREET ADDRESS CITY-ST-ZIP		•••				ET ADDRESS - ST-ZIP					7	2 ~	
	<u> </u>	<u> </u>			-		PO.	rt Grange	E FL				
TITLE	ł			Delete	TITL	i					Change	☐ Addition	
NAME Street Adoress					NAM								
CITY-ST-ZIP						EET ADDRESS (-ST-ZIP							
	 	· · · · · · · · · · · · · · · · · · ·			-				 			□ Addison	
TITLE Name				☐ Delete	TITL	1					Change	Addition	
STREET ADDRESS	1					ET ADDRESS							
CETY-ST-ZIP	ł					-ST-ZIP							
TITLE				☐ Defete	m	F T					☐ Change	■ Addition	
NAME					NAM						 .: .:		
STREET ADDRESS					STR	EET ADORESS				,	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	P.41	
CITY-ST-ZIP CITY						r-St-ZDP					Talibated California _ NOSET William		
12 I horoby	cortify that th	o information cumplied wit	h thin films	does set suelfit for	the eve	tion stated i	in Co	otion 110 07/2Vi) Ele	uida Ctatutaa 16	herbor gortil			

I mereby 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 it 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 any address, with all other like empowered.

SIGNATURE:

NG OFFICER OR DIRECTOR

386-756-8218 Daytime Phone #