

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009000

FILED  
Apr 19, 2005  
Secretary of State

**Entity Name:** CREATING HIGHER EDUCATIONAL SUCCESS IN SCHOOLS, INC.

**Current Principal Place of Business:**

3960 WILLOW TRAIL RUN C-7  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

3960 WILLOW TRAIL RUN C-7  
PORT ORANGE, FL 32127

**New Mailing Address:**

**FEI Number:** 20-0332325

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAMPKIN, STEPHEN  
3960 WILLOW TRAIL RUN C-7  
PORT ORANGE, FL 32127 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LAMPKIN, STEPHEN  
Address: 4606 CLYDE MORRIS BLVD., 2F  
City-St-Zip: PORT ORANGE, FL 32129

Title: VD ( ) Delete  
Name: JACOBS, DONALD  
Address: 107 TIMBERLINK  
City-St-Zip: GRAND ISLAND, NY 32127

Title: TSD ( ) Delete  
Name: NEEDLE, KATHLEEN  
Address: 3960 WILLOW TRAIL RUN C-7  
City-St-Zip: PORT ORANGE, FL 32127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN LAMPKIN

PD

04/19/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date