

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N03000009000**

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



Principal Place of Business  
**142 MOONSTONE COURT  
PORT ORANGE, FL 32129**

Mailing Address  
**142 MOONSTONE COURT  
PORT ORANGE, FL 32129**



03142008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0332325</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LAMPKIN, STEPHEN  
142 MOONSTONE COURT  
PORT ORANGE, FL 32127-9**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	LAMPKIN, STEPHEN
STREET ADDRESS	4606 CLYDE MORRIS BLVD., 2F
CITY-ST-ZIP	PORT ORANGE, FL 32129

TITLE	VD
NAME	JACOBS, DONALD
STREET ADDRESS	107 TIMBERLINK
CITY-ST-ZIP	GRAND ISLAND, NY 32127

TITLE	TSD
NAME	NEEDLE, KATHLEEN
STREET ADDRESS	142 MOONSTONE COURT
CITY-ST-ZIP	PORT ORANGE, FL 32129

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000892566  
04/23/08-80074-022 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/08