


2004

CORPORATION
ANNUAL REPORTFILED
Jun 10, 2004 08:00 AM
Secretary of State

DOCUMENT # N05000003716 1. Entity Name CULTURAL EDUCATION SERVICES INTERNATIONAL, INC.	
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Principal Place of Business
PO BOX 351869
JACKSONVILLE, FL 32235Mailing Address
PO BOX 351869
JACKSONVILLE, FL 32235

DO NOT WRITE IN THIS SPACE

06082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3722248	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CRAWFORD, JOHN R
225 WATER ST., STE. 900
JACKSONVILLE, FL 32202DO 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)FILE NOW!!! FEE IS \$150.00
Due by September 8, 20049. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PIERCE, GUY PO BOX 351869 JACKSONVILLE, FL 32235
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ERVIN, MATTHEW PO BOX 351869 JACKSONVILLE, FL 32235
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BAXTER, MARK PO BOX 351869 JACKSONVILLE, FL 32235
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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06/10/04-80005-019 150.00DO NOT WRITE
IN THIS SPACE

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 607, 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

Mark Baxter

6/8/04

Date

(904) 221-5990

Daytime Phone #