

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90014 015 ****61.25

DOCUMENT # N06000011913													
1. Entity Name STUDENT RESOURCES CORPORATION													
Principal Place of Business 7995 114TH AVENUE LARGO, FL 33773			Mailing Address 7995 114TH AVENUE LARGO, FL 33773										
2. Principal Place of Business - No P.O. Box # 10960 Echo Loop		3. Mailing Address 334 EAST LAKE RD											
Suite, Apt. #, etc.		Suite, Apt. #, etc. #172											
City & State New Port Richey, FL		City & State Palm HARBOR, FL		4. FEI Number 20-5923004									
Zip 34654		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">FL Zip Code</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)				City	FL Zip Code
Name													
Street Address (P.O. Box Number is Not Acceptable)													
City	FL Zip Code												
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 _____													
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State									
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10										
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition								
NAME	YOUNG, RONALD		NAME	John B. Pursley, Sr									
STREET ADDRESS	512 GREENE STREET		STREET ADDRESS	10956 Echo Loop									
CITY-ST-ZIP	CAMDEN, SC 29020		CITY-ST-ZIP	New Port Richey, FL 34654									
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition								
NAME	PUSLEY, JOHN B		NAME	Nancy Pursley									
STREET ADDRESS	3321 E. HERITAGE COVE DRIVE		STREET ADDRESS	10956 Echo Loop									
CITY-ST-ZIP	ST. AUGUSTINE, FL 32092		CITY-ST-ZIP	New Port Richey, FL 34654									
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition								
NAME	SWANSON, ROBERT E		NAME	Joseph A. Pursley									
STREET ADDRESS	139 LUNA LANE		STREET ADDRESS	1694 Lago Vista Blvd									
CITY-ST-ZIP	JOHNSTOWN, PA 15904		CITY-ST-ZIP	Palm HARBOR, FL 34685									
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
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:			4.21.08 727-548-5220										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #										