

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000000889

1. Entity Name
LEGAL EDUCATION PUBLISHING, INC.



Principal Place of Business
**5291 SW 129TH CT.
OCALA, FL 34481**

Mailing Address
**5291 SW 129TH CT.
OCALA, FL 34481**



04102006 No Chg-NP CR2E037 (11/05)

4. FEI Number **65-0816701** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FRANTZ, JEANETTE
2801 SOUTHWEST COLLEGE RD, STE 9
OCALA, FL 34474**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OTT, DOLORES C
STREET ADDRESS	11280 NORTHWEST 43RD ST
CITY-STATE-ZIP	CORAL SPRINGS, FL 33065
TITLE	D
NAME	FRANTZ, JEANETTE
STREET ADDRESS	5291 SW 129TH COURT
CITY-STATE-ZIP	OCALA, FL 34481
TITLE	D
NAME	STRICKLAND, GLORIA B
STREET ADDRESS	5690 OAK HILL MANOR DRIVE
CITY-STATE-ZIP	ORLANDO, FL 32839
TITLE	D
NAME	DURLING, PEGGY
STREET ADDRESS	170 LEE STREET
CITY-STATE-ZIP	DAYTONA BEACH, FL 32117
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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04/26/06-80112-001 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:

Jeannette Frantz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06 (352) 237-3800
Date Daytime Phone