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

## Feb 21, 2008 8:00 am **Secretary of State** DOCUMENT # N98000000889 1. Entity Name 02-21-2008 90027 010 \*\*\*\*61.25 LEGAL EDUCATION PUBLISHING, INC. Principal Place of Business Mailing Address 5291 SW 129TH CT. 5291 SW 129TH CT. OCALA, FL 34481 OCALA, FL 34481 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02192008 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 65-0816701 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRANTZ JEANETTE Street Address (P.O. Box Number is Not Acceptable) 2801 SOUTHWEST COLLEGE RD, STE 9 OCALA, FL 34474 City Zio 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) , Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TIME ☐ Addition TITLE OTT, DOLORES C NAME NAME STREET ADDRESS 11280 NORTHWEST 43RD ST STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP ☐ Change ☐ Addition ח ☐ Delete TITLE TITLE FRANTZ, JEANETTE NAME STREET ADDRESS STREET ADDRESS 5291 SW 129TH COURT CITY-SI-ZIP CITY-ST-ZIP OCALA, FL 34481 Change D ☐ Delete Strickland, Glaria B 3500 S. Citrus Circle ☐ Addition TITLE STRICKLAND, GLORIA B NAME NAME STREET ADDRESS 5690 OAK HILL MANOR DRIVE STREET ADDRESS FL 32798-9606 CITY-ST-ZIP ORLANDO, FL 32839 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE **DURLING, PEGGY** NAME 170 LEE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH, FL 32117 ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME

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 in changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

**FILED**