

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90327 024 \*\*\*150.00

**DOCUMENT # P00000027852**



1. Entity Name  
**EDUCATIONAL PERFORMANCE SYSTEMS, INC.**

Principal Place of Business  
**1832 MOSS CREEK DR  
ORANGE PARK, FL 32003**

Mailing Address  
**PO BOX 8159  
FLEMING ISLAND, FL 32006**

**Island**



2. Principal Place of Business

3. Mailing Address

04262004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3645131**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INGRAHAM, MELANIE W  
804 S EDENBRIDGE WAY  
ST AUGUSTINE, FL 32092**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	INGRAHAM, MELANIE	
STREET ADDRESS	804 S EDENBRIDGE WAY	
CITY-ST-ZIP	ST AUGUSTINE, FL 32092	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	INGRAHAM, BRAD	
STREET ADDRESS	804 S EDENBRIDGE WAY	
CITY-ST-ZIP	ST AUGUSTINE, FL 32092	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NEWSOME, MARCY	
STREET ADDRESS	805 E MARKS ST	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WALL, JAN	
STREET ADDRESS	720 WANDERING LANE	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHITELEY, TRACY	
STREET ADDRESS	1832 MOSS CREEK DR	
CITY-ST-ZIP	ORANGE PARK, FL 32003	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** *Tracy Whiteley* **Tracy Whiteley**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/04**

Date

**269-1151**

Daytime Phone #