

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000051152

1. Entity Name
EDUCATIONAL CONSULTANTS, INC.



Principal Place of Business
6438 WOOD LAKE ROAD
JUPITER, FL 33458

Mailing Address
6438 WOOD LAKE ROAD
JUPITER, FL 33458



04092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1112306

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THANEY, EDWARD F
712 US 1
SUITE 301
NORTH PALM BEACH, FL 33408

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000314912
04/19/05-80012-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHITTY, LISA
STREET ADDRESS	6438 WOODLAKE RD.
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	VP
NAME	CHITTY, LISA
STREET ADDRESS	6438 WOODLAKE RD
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	S
NAME	CHITTY, LISA
STREET ADDRESS	6438 WOODLAKE RD
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	T
NAME	CHITTY, LISA
STREET ADDRESS	6438 WOODLAKE RD
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Lisa M. Chitty*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-05