

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P01000065374**

1. Entity Name  
**THE TEACHING WELL, INC.**



Principal Place of Business

6466 N.W. 5TH WAY  
FORT LAUDERDALE, FL 33309

Mailing Address

6466 N.W. 5TH WAY  
FORT LAUDERDALE, FL 33309

**FILED**

**Aug 30, 2005 08:00 AM**  
**Secretary of State**



08222005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1120232

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**

ROSENBERG, ANDREW G  
8751 W. BROWARD BLVD., SUITE 106  
PLANTATION, FL 33324

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MAHAN, MARY HOYLE  
6466 N.W. 5TH WAY  
FORT LAUDERDALE, FL 33309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000377402  
08/30/05-80002-010 150.00

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-27-05 934-563-5045