

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P01000069244

1. Entity Name  
LIGHTHOUSE EDUCATIONAL SERVICES, INC.



Principal Place of Business  
706 MELBOURNE AVE E  
HAINES CITY, FL 33844

Mailing Address  
P.O. BOX 2108  
HAINES CITY, FL 33845-2108



01252007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3729561

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

JOHNSON, SANDRA J  
1717 CRESCENT VALLEY RANCH ROAD  
DAVENPORT, FL 33837

**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  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME JOHNSON, SANDRA J  
STREET ADDRESS 1717 CRESCENT VALLEY RANCH RD  
CITY-ST-ZIP DAVENPORT, FL 33837

TITLE VD  
NAME STEGALL, SHERRI  
STREET ADDRESS 870 W FROSTPROOF RD  
CITY-ST-ZIP FROSTPROOF, FL 33843

TITLE C  
NAME JOHNSON, MARVIN C  
STREET ADDRESS 1717 CRESCENT VALLEY RANCH RD  
CITY-ST-ZIP DAVENPORT, FL 33837

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000644976  
03/02/07-80065-011 158.75

**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 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 #

*Sandra J. Johnson* SANDRA J Johnson 2/20/07 (863) 422-8999