

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 AM**  
**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**



01092008 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, 2008 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	

U000000730729  
01/23/08-80045-025 158.75

**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

*Sandra J. Johnson*  
1/10/08 (863) 422-8999  
Date Daytime Phone #