

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000069540

Entity Name: A+ TUTORING, INC.

FILED  
Feb 12, 2007  
Secretary of State

**Current Principal Place of Business:**

617 S YONGE STREET  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

617 S YONGE STREET  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 59-3732762      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CHANFRAU, WILLIAM M ESQ  
701 NORTH PENINSULA DR  
DAYTONA BEACH, FL 32118      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CHANFRAU, MARY FLORENCE  
Address: 226 COUNTRY CLUB DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176

Title: VP ( ) Delete  
Name: CHANFRAU, WILLIAM M  
Address: 226 COUNTRY CLUB DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176

Title: S ( ) Delete  
Name: CHANFRAU, MARY FLORENCE  
Address: 226 COUNTRY CLUB DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176

Title: T ( ) Delete  
Name: CHANFRAU, WILLIAM M  
Address: 226 COUNTRY CLUB DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY FLORENCE CHANFRAU

P

02/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date