

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000069540

FILED  
Feb 29, 2012  
Secretary of State

Entity Name: A+ TUTORING, INC.

**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

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARY FLORENCE CHANFRAU

P

02/29/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date