## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 03, 2006 08:00 AM Secretary of State **DOCUMENT # P03000139568** DIRECT STUDENT SERVICE OF FLORIDA, INC. Principal Place of Business Mailing Address 17410-A US HWY 41 N 17410-A US HWY 41 N LUTZ, FL 33558 LUTZ FL 33558 03092006 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied Far 4. FEI Number 20-0391694 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agent KOSINSKI, ANNA DO NOT WRITE 3730 CARIOCA RD HOLIDAY, FL 34691 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 eccept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when retretating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS DP TITLE PULLARA, JAMES J NAME 2332 US HWY 19 STREET ADDRESS U00000489559 HOLIDAY, FL 34691 C377 - ST - Z3F 04/18/06-80021-001 150.00 TITLE BYRNE, THOMAS M 2332 US HWY 19 STREET ADDRESS. CITY-ST-ZIP HOLIDAY, FL 34691 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-57-21P TITLE IN THIS SPACE NAME STREET ADDRESS CHTY-\$7-20 TITLE MAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-57-21P

12. I hereby certify that the information supplied with this filling 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 repelver 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 4

**FILED** 

727-859-P93

Deytone Phone #