

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000033126

FILED  
Jan 16, 2008  
Secretary of State

Entity Name: ABC ACADEMY LEARNING CENTER, INC.

**Current Principal Place of Business:**

5043 CORONADO PKWY  
NAPLES, FL 34116

**New Principal Place of Business:**

**Current Mailing Address:**

5043 CORONADO PKWY  
NAPLES, FL 34116

**New Mailing Address:**

FEI Number: 01-0808486

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OATES, MARC F  
5515 BRYSON DRIVE  
SUITE 502  
NAPLES, FL 34109 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: PSD ( ) Delete  
Name: GONZALEZ, EFSTATHIA  
Address: 5248 MAPLE LN  
City-St-Zip: NAPLES, FL 34113

Title: VPTD ( ) Delete  
Name: KAPAYIANNIDIS, KATINA  
Address: 6795 WEATHERBY CT  
City-St-Zip: NAPLES, FL 34104

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

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 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: EFSTATHIA GONZALEZ

PRES

01/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date