

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000043078

1. Entity Name

BOLSTER EDUCATION, INC.



Principal Place of Business

**9 HAIG PLACE #705
DUNEDIN, FL 34698**

Mailing Address

**9 HAIG PLACE #705
DUNEDIN, FL 34698**



03072006 No Chg-P CR2E034 (11/05)

4. FEI Number
52-2179032

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BOLSTER, LAWRENCE CAREY
9 HAIG PLACE #705
DUNEDIN, FL 34698**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

D

NAME

BOLSTER, LAWRENCE CAREY

STREET ADDRESS

9 HAIG PLACE #705

CITY-ST-ZIP

DUNEDIN, FL 34698

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

000000462534
03/21/06-80036-025 150.00

**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

03.08.06 727.736.090

Date

Daytime Phone #