

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000126011

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA CONTINUING EDUCATION SERVICES, INC.

**Current Principal Place of Business:**

748 KNOLLVIEW BLVD  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

8 CLIFFVIEW LANE  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

748 KNOLLVIEW BLVD  
ORMOND BEACH, FL 32174

**New Mailing Address:**

8 CLIFFVIEW LANE  
ORMOND BEACH, FL 32174

**FEI Number:** 56-2506522

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SKOW, JAMES  
748 KNOLLVIEW BLVD  
ORMOND BEACH, FL 32174 US

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

SKOW, JAMES  
8 CLIFFVIEW LANE  
ORMOND BEACH, FL 32174 US

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: JAMES SKOW

04/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SKOW, JAMES  
Address: 8 CLIFFVIEW LANE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D  
Name: TEEPE, WILLIAM  
Address: 42 TREE TOP CIR  
City-St-Zip: ORMOND BEACH, FL 32174

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: JAMES SKOW

P

04/30/2012

Electronic Signature of Signing Officer or Director

Date