


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000138541	
1. Entity Name A+ SKILLS TUTORING SERVICE, INC.	

FILED
Apr 26, 2006 08:00 AM
Secretary of State

Principal Place of Business 5621 STRAND BLVD., STE. #109 NAPLES, FL 34110	Mailing Address 5621 STRAND BLVD., STE. #109 NAPLES, FL 34110
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04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0884708	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent MANDELL, ROBERT 5621 STRAND BLVD, STE 109 NAPLES, FL 34110

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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 Robert Mandell 4/21/06
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 NAME STREET ADDRESS CITY-ST-ZIP	PSD MANDELL, DEBORAH A 5621 STRAND BLVD., STE. #108 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MANDELL, ROBERT 5621 STRAND BLVD., STE. #109 NAPLES, FL 34110
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05/08/06-80041-017 158.75

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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: Deborah A. Mandell 4-22-06 (239)254-8266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #