

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # P05000082690

1. Entity Name
EDUCATIONAL SPECIALTY FURNISHINGS, INC.



Principal Place of Business
**8222 SW 102ND AVE
GAINESVILLE, FL 32608**

Mailing Address
**8222 SW 102ND AVE
GAINESVILLE, FL 32608**



02162007 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3818204

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

**CRAWFORD, TINA M
8222 SW 102ND AVE
GAINESVILLE, FL 32608**

**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, 2007 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	LATHAM, CHRISTA M
STREET ADDRESS	8222 SW 102ND AVE
CITY - ST - ZIP	GAINESVILLE, FL 32608
TITLE	D
NAME	CRAWFORD, TINA M
STREET ADDRESS	8222 SW 102ND AVE
CITY - ST - ZIP	GAINESVILLE, FL 32608
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000652020
03/12/07-80001-022 150.00

**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: Tina Crawford **TINA CRAWFORD**

2/20/2007

Date

(352) 495-4076
Daytime Phone #