

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000094165

**FILED**  
**Feb 05, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA LEARNING CURVE, INC.

**Current Principal Place of Business:**

1612 FIRST STREET  
INDIAN ROCKS BEACH, FL 33785

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 487  
INDIAN ROCKS BEACH, FL 33785

**New Mailing Address:**

**FEI Number:** 20-3095499

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BLIESNER, KATHLEEN K  
1612 FIRST STREET  
INDIAN ROCKS BEACH, FL 33785 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

**OFFICERS AND DIRECTORS:**

Title: MRS  
Name: BLIESNER, KATHLEEN K  
Address: 1612 FIRST STREET  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: DR  
Name: BLIESNER, DAVID M  
Address: 1612 FIRST STREET  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

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: KATHLEEN K. BLIESNER

MRS.

02/05/2012

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

\_\_\_\_\_  
Date