


2006 FOR PROFIT CORPORATION ANNUAL REPORT

8/ **FILED**
Sep 07, 2006 8:00 am
Secretary of State
08-16-2006 90002 048 ***150.00

DOCUMENT # P05000119960					
1. Entity Name PROFESSIONAL EDUCATIONAL TESTING SERVICES, INC.					
Principal Place of Business 2824 TANGLEWOOD BLVD. ORANGE PARK, FL 32065 US			Mailing Address 2824 TANGLEWOOD BLVD. ORANGE PARK, FL 32065 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3384852	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHULTZ, SUSAN E 2824 TANGLEWOOD BLVD. ORANGE PARK, FL 32065			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME
	P.D. SCHULTZ, SUSAN E	2824 TANGLEWOOD BLVD.	ORANGE PARK, FL 32065		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME
	VP HURLEY, KENNETH J	8300 OLD KINGS ROAD SOUTH, APT. 39	JACKSONVILLE, FL 32217		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME
	S ESHELMAN, MARY	1558 PALM AVENUE	JACKSONVILLE, FL 32207		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME
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: SUSAN SCHULTZ			Date: 8/14/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

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