

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90004 049 ***150.00

DOCUMENT # P05000132710

1. Entity Name

EDUCATIONAL SUPPLY STORE, INC



Principal Place of Business

24 CHOCTAW TRAIL
ORMOND BEACH FL 32174
US

Mailing Address

24 CHOCTAW TRAIL
ORMOND BEACH FL 32174
US



2. Principal Place of Business

713 S. NOVA RD

Suite, Apt. #, etc.

3. Mailing Address

713 S. NOVA RD

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/06)

City & State

ORMOND BEACH, FL

Zip 32174

Country

USA

City & State

ORMOND BEACH, FL

Zip 32174

Country

USA

4. FEI Number

20-3544008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEEHAN, PATRICK J
682 SOUTH YONGE STREET
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name ADAM + TAMMY MONTI

Street Address (P.O. Box Number is Not Acceptable)

24 CHOCTAW TRAIL

City ORMOND BEACH

FL

Zip Code

32174

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

Tammy L Monti

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/15/06

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MONTI, ADAM A	
STREET ADDRESS	24 CHOCTAW TRAIL	
CITY - ST - ZIP	ORMOND BEACH FL 32174	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MONTI, TAMMY L	
STREET ADDRESS	24 CHOCTAW TRAIL	
CITY - ST - ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

Tammy L Monti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/06 (845) 453-6161

Date Daytime Phone #