

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90095 008 \*\*\*150.00

DOCUMENT # P05000132710

1. Entity Name

EDUCATIONAL SUPPLY STORE, INC



Principal Place of Business

713 S NOVA RD  
ORMOND BEACH FL 32174  
US

Mailing Address

713 S NOVA RD  
ORMOND BEACH FL 32174  
US



2. Principal Place of Business - No P.O. Box #

333 W. GRANADA BLVD.

3. Mailing Address

333 W. GRANADA BLVD

Suite, Apt. #, etc.

SUITE 230

Suite, Apt. #, etc.

SUITE 230

City & State

ORMOND BEACH, FL

City & State

ORMOND BEACH, FL

Zip

32174

Country

USA

Zip

32174

Country

USA

1st MOORE

CR2E034 (10/06)

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  
24 CHOCTAW TRAIL  
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name

TAMMY L. 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

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

(NOTE: Registered Agent signature required when resigning.)

DATE

4/10/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P  
NAME: MONTI, ADAM A  
STREET ADDRESS: 24 CHOCTAW TRAIL  
CITY - ST - ZIP: ORMOND BEACH FL 32174 ☐ Delete

TITLE: VP  
NAME: MONTI, TAMMY L  
STREET ADDRESS: 24 CHOCTAW TRAIL  
CITY - ST - ZIP: ORMOND BEACH FL 32174 ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:   
☐ Delete

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NAME:   
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
NAME:   
STREET ADDRESS:   
CITY - ST - ZIP:   
☐ Change ☐ Addition

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STREET ADDRESS:   
CITY - ST - ZIP:   
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

4/10/07

386 562 0092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Executive Phone #