

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90043 001 ***150.00
07-23-2007 90043 002 *****8.75

66020525



07182007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000028745 1. Entity Name JERRY GUERTIN INSTRUCTIONAL SERVICES, INC.					
Principal Place of Business 1226 LA PAZ ST PENSACOLA, FL 32506			Mailing Address 1226 LA PAZ ST PENSACOLA, FL 32506		
2. Principal Place of Business - No P.O. Box # <i>1226 LA PAZ ST</i> Suite, Apt. #, etc.		3. Mailing Address <i>1226 LA PAZ ST</i> Suite, Apt. #, etc.			
City & State <i>PENSACOLA, FL</i> Zip <i>32506</i>		City & State <i>PENSACOLA, FL</i> Zip <i>32506</i>		4. FEI Number <i>317-36-1959</i> Applied For <input type="checkbox"/> Not Applicable	
Country <i>USA</i>		Country <i>USA</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUERTIN, JERRY 1226 LA PAZ ST PENSACOLA, FL 32506				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007			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	P GUERTIN, JERRY 1226 LA PAZ ST PENSACOLA, FL 32506			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:				7/18/07 (ESD) 453-6941 Daytime Phone #	