


FILED
Jan 28, 2008 8:00 am
Secretary of State

DOCUMENT # P06000034125

1. Entity Name
EJS COACHING, INC



| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 11915 CYPRESS LANDING AVE CLERMONT, FL 34711 | 11915 CYPRESS LANDING AVE CLERMONT, FL 34711 |

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01222008 Chq-P CR2E034 (12/06)

| | |
|------------------------|----------------|
| 4. FEI Number | Applied For |
| APPLIED FOR 56-2565733 | Not Applicable |

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SMITH, EMILY L
11915 CYPRESS LANDING AVE
CLERMONT, FL 34711

7. Name and Address of New Registered Agent

Name _____

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

City

FI

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------|---------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SMITH, EMILY L | |
| STREET ADDRESS | 11915 CYPRESS LANDING AVE | |
| CITY - ST - ZIP | CLERMONT, FL 34711 | |

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

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | M | <input type="checkbox"/> Delete |
| NAME | SMITH, JASON R | |
| STREET ADDRESS | 11915 CYPRESS LANDING AVE | |
| CITY-ST-ZIP | CLERMONT, FL 34711 | |

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

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

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

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

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| NAME | |
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| CITY - ST - ZIP | |

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| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | | |
|-----------------|---------------------------------|-----------------------------------|
| 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:

Emily L. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/08 352-217-1291

Date _____

Duration Effects