

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90243 016 ***150.00

DOCUMENT # P06000078230

1. Entity Name
FEDERAL FAMILY EDUCATION LOAN PROCESSING, CORP.



Principal Place of Business
**132 BAYWOOD AVENUE
CLEARWATER, FL 33765 US**

Mailing Address
**132 BAYWOOD AVENUE
CLEARWATER, FL 33765 US**

600000001

2. Principal Place of Business - No P.O. Box #
40347 US Hwy. 19 N.

3. Mailing Address
40347 US Hwy. 19 N.

Suite, Apt. #, etc.
233



01052007 Chg-P CR2E034 (12/06)

City & State
Tarpon Springs, Florida

City & State
Tarpon Springs, Florida

Zip
34689

Country
PIDELLAS

4. FEI Number
20-5022811

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**PERRET, RONALD T
132 BAYWOOD AVENUE
CLEARWATER, FL 33765**

7. Name and Address of New Registered Agent
Name
Perret RONALD T
Street Address (P.O. Box Number is Not Acceptable)
40347 US Hwy. 19 N. # 233
City
Tarpon Springs FL Zip Code
34689

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 Ronald Thomas Perret **RONALD THOMAS PERRET** 1-5-2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERRET, RONALD T 132 BAYWOOD AVENUE CLEARWATER, FL 33765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Perret, RONALD T 40347 US Hwy. 19 N. #233 Tarpon Springs, FL. 34689 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Marsh Jeff A. 40347 US Hwy. 19 N. #233 Tarpon Springs, FL. 34689 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Ronald Thomas Perret **RONALD THOMAS PERRET** 1-5-2007 1-866-901-8558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #