


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90027 007 ***150.00

| | | | | | |
|--|--|---|--|---|--|
| DOCUMENT # P06000111967 1. Entity Name EDUCATIONAL INVESTOR SERVICES, INC. | | | |  | |
| Principal Place of Business 7555 GRAND BLVD. SUITE B105-319 DESTIN, FL 32550 | | | Mailing Address 7555 GRAND BLVD. SUITE B105-319 DESTIN, FL 32550 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | |
| 6. Name and Address of Current Registered Agent WILLIAMS, STEVE 7555 GRAND BLVD. SUITE B105-319 DESTIN, FL 32550 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PRESIDENT STEVEN M WILLIAMS 7555 GRAND BLVD SUITE B105-319 DESTIN, FL 32550 <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: <i>Steve Williams</i> | | | Date: 1-31-07 Daytime Phone #: 850267-0992 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

40008070



01242007 Chg-P CR2E034 (12/06)

4. FEI Number **38-3625652** Applied For
Not Applicable

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