

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000126581

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** ACKIDS CAMPUS OF SEMINOLE, INC.

**Current Principal Place of Business:**

9259 PARK BLVD  
SEMINOLE, FL 33777

**New Principal Place of Business:**

**Current Mailing Address:**

9259 PARK BLVD  
SEMINOLE, FL 33777

**New Mailing Address:**

**FEI Number:** 20-5780877

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARSANTI, RACHEL  
9259 PARK BOULEVARD  
SEMINOLE, FL 33777 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MRS  
Name: BARSANTI, RACHEL L  
Address: 9259 PARK BLVD  
City-St-Zip: SEMINOLE, FL 33777

Title: MR  
Name: BARSANTI, JUSTIN M  
Address: 9259 PARK BLVD  
City-St-Zip: SEMINOLE, FL 33777

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RACHEL BARSANTI

MRS

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date