

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000032543

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** ADVENTURES IN LEARNING SCHOOL SUPPLY INC

**Current Principal Place of Business:**

2405 E. BALDWIN ROAD  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

2405 E. BALDWIN ROAD  
PANAMA CITY, FL 32405

**New Mailing Address:**

**FEI Number:** 26-2255917

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ANGLIN, TRACY L OWNER  
2442 ROLLING PINES ROAD  
CHIPLEY, FL 32428 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: MGRM  
Name: ANGLIN, TRACY L  
Address: 2442 ROLLING PINES ROAD  
City-St-Zip: CHIPLEY, FL 32428

Title: VP  
Name: ANGLIN, KEVIN  
Address: 2442 ROLLING PINES ROAD  
City-St-Zip: CHIPLEY, FL 32428

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: TRACY ANGLIN

MGRM

04/28/2011

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

\_\_\_\_\_  
Date