

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000074839

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** CLASSROOM TECHNOLOGY SOLUTIONS, INC.

**Current Principal Place of Business:**

2604-1 POWERS AVE  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

4909 VICTOR ST  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

2604-1 POWERS AVE  
JACKSONVILLE, FL 32207

**New Mailing Address:**

4909 VICTOR ST  
JACKSONVILLE, FL 32207

**FEI Number:** 26-3163462

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LEAGUE, BARBARA J ESQ.  
3955 RIVERSIDE AVENUE  
SUITE 100  
JACKSONVILLE, FL 32205 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:** P  
**Name:** MARSHALL, CYRUS C JR  
**Address:** 1200 ORIENTAL GARDENS ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32207

**Title:** VP/S  
**Name:** MISCHLEY, WALT A VP/S  
**Address:** 1637 OCEAN FORREST DR  
**City-St-Zip:** FERNANDINA BEACH, FL 32034

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:** CYRUS C MARSHALL JR

P

03/14/2011

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

\_\_\_\_\_  
Date