

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000091051

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** SCHOLASTIC REVENUE RESOURCES, INC

**Current Principal Place of Business:**

11019 SW CYPRESS BEND AVE  
ARCADIA, FL 34269

**New Principal Place of Business:**

260 WILSHIRE BLVD  
CASSELBERRY, FL 32707

**Current Mailing Address:**

11019 SW CYPRESS BEND AVE  
ARCADIA, FL 34269

**New Mailing Address:**

260 WILSHIRE BLVD  
CASSELBERRY, FL 32707

**FEI Number:** 80-0502721

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOLE, MARK H  
11019 SW CYPRESS BEND AVE  
ARCADIA, FL 34269 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: PRES  
Name: KOLE, MARK H  
Address: PO BOX 14  
City-St-Zip: FORT OGDEN, FL 34267 US

Title: VP  
Name: KIM, KAMINSKI  
Address: 3527 MEDFORD RD  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: VP  
Name: ROTE, CHRIS  
Address: PO BOX 14  
City-St-Zip: ARCADIA, FL 34267 US

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: MARK H KOLE

PRES

04/20/2011

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

\_\_\_\_\_  
Date