

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000040183

FILED  
May 31, 2012  
Secretary of State

**Entity Name:** TECHNOLOGY ENGINEERING SCIENCE LEADERSHIP ACADEMY INC.

**Current Principal Place of Business:**

10635 NORTHWEST 32ND PLACE  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

81 BUDS LANE  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

10635 NORTHWEST 32ND PLACE  
GAINESVILLE, FL 32606

**New Mailing Address:**

81 BUDS LANE  
SANTA ROSA BEACH, FL 32459

**FEI Number:** 27-2541265

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZELE, CYNTHIA B  
10635 NORTHWEST 32ND PL  
GAINESVILLE, FL 32606 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: HOLLINGER, AMY Z  
Address: 10635 NORTHWEST 32ND PL  
City-St-Zip: GAINESVILLE, FL 32606

Title: VP  
Name: HOLLINGER, RANDALL T  
Address: 10635 NORTHWEST 32ND PL  
City-St-Zip: GAINESVILLE, FL 32606

Title: SECY  
Name: HOLLINGER, AMY Z  
Address: 10635 NORTHWEST 32ND PL  
City-St-Zip: GAINESVILLE, FL 32606

Title: TR  
Name: ZELE, AMY Z  
Address: 10635 NORTHWEST 32ND PL  
City-St-Zip: GAINESVILLE, FL 32606

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: AMY HOLLINGER

P

05/31/2012

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

\_\_\_\_\_  
Date