

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000077651

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

**Entity Name:** BAUM & KNOWLES COLLEGE ADVISING INC

**Current Principal Place of Business:**

1045 CUMBERLAND STREET  
LAKELAND, FL 33801 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8842  
LAKELAND, FL 33806 US

**New Mailing Address:**

**FEI Number:** 45-3139047      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KNOWLES, BRIAN  
6110 SUNSET VISTA DRIVE  
LAKELAND, FL 33812 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: BAUM, ROBERT  
Address: 1045 CUMBERLAND STREET  
City-St-Zip: LAKELAND, FL 33801 US

Title: VP  
Name: KNOWLES, REBECCA  
Address: 6110 SUNSET VISTA DRIVE  
City-St-Zip: LAKELAND, FL 33812 US

Title: T  
Name: KNOWLES, BRIAN  
Address: 6110 SUNSET VISTA DRIVE  
City-St-Zip: LAKELAND, FL 33812

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: BRIAN KNOWLES

T

01/08/2012

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

\_\_\_\_\_  
Date