


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90315 015 ***150.00

| | | | | | |
|---|---------------------------------|---|--|---|--|
| DOCUMENT # P94000016855 1. Entity Name ABACUS LEARNING CENTER, INC. | | | |  | |
| Principal Place of Business 5205 SW 91ST DRIVE GAINESVILLE, FL 32608 US | | | Mailing Address 5205 SW 91ST DRIVE GAINESVILLE, FL 32608 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 59-3227868 | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent JACOBS, SHARON A 3718 SW 80 DR GAINESVILLE, FL 32608 | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JACOBS, SHARON A | | NAME | | |
| STREET ADDRESS | 3718 SW 80 DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | GAINESVILLE, FL 32608 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JACOBS, ALAN M | | NAME | V/S/T | |
| STREET ADDRESS | 3718 SW 80 DR | | STREET ADDRESS | JACOBS, ALAN M. | |
| CITY-ST-ZIP | GAINESVILLE, FL 32608 | | CITY-ST-ZIP | 3718 SW 80 DR. | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GILBERT, BEVERLY H | | NAME | | |
| STREET ADDRESS | 10177 SW 48 PLACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | GAINESVILLE, FL 32608 | | CITY-ST-ZIP | | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GILBERT, EDWARD E | | NAME | | |
| STREET ADDRESS | 10177 SW 48 PLACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | GAINESVILLE, FL 32608 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Alan M. Jacobs</i> ALAN M. JACOBS | | | 4/14/05 352-378-1377 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |