

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000016855

**Entity Name:** ABACUS LEARNING CENTER, INC.

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5205 SW 91ST DRIVE  
GAINESVILLE, FL 32608 US

**New Principal Place of Business:**

**Current Mailing Address:**

5205 SW 91ST DRIVE  
GAINESVILLE, FL 32608 US

**New Mailing Address:**

FEI Number: 59-3227868      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

JACOBS, SHARON A  
3718 SW 80 DR  
GAINESVILLE, FL 32608 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: PD  
Name: JACOBS, SHARON A  
Address: 3718 SW 80 DR  
City-St-Zip: GAINESVILLE, FL 32608

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: SHARON A. JACOBS

Electronic Signature of Signing Officer or Director

PRES

03/16/2011

Date