

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90145 047 ***150.00

DOCUMENT # P95000042381

1. Entity Name
REMINGTON COLLEGE-TAMPA CAMPUS, INC.



Principal Place of Business
2410 E. BUSCH BLVD.
TAMPA, FL 33612

Mailing Address
500 PRESIDENT CLINTON AVE.
305
LITTLE ROCK, AR 72201 US



02102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3317757

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 → ISLAND

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VCOO
NAME	DEGUZMAN, PEDRO
STREET ADDRESS	80 EL DORADO 70 KING STREET
CITY-ST-ZIP	LITTLE ROCK, AR 72212 EUSTIS, FL 32726
TITLE	S
NAME	CAMP, CHARLES
STREET ADDRESS	2110 N. PALM
CITY-ST-ZIP	LITTLE ROCK, AR 72207
TITLE	AS
NAME	LUTZ, ROBERT
STREET ADDRESS	1172 HARBOR RIVER DR. 250 OLIVIA ROSE CT.
CITY-ST-ZIP	MEMPHIS, TN 38109 LAKE MARY, FL 32746
TITLE	D
NAME	POLMEAR, WILLIAM
STREET ADDRESS	17910 SHELTERED RIDGE LANE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	P
NAME	FORREST, JACK
STREET ADDRESS	500 PRESIDENT CLINTON AVE SUITE 305
CITY-ST-ZIP	500 PRESIDENT CLINTON AVE SUITE 305 LITTLE ROCK, AR 72201 LITTLE ROCK, AR 72701
TITLE	D
NAME	WEY, LYNDIA
STREET ADDRESS	1912 SHENAN DOGH AVE
CITY-ST-ZIP	GRAPEVINE, TX 76051

**DO NOT WRITE
IN THIS SPACE**

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 individuals empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

A. Reid All/304 4/18/05 501-235-2253