

**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 <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

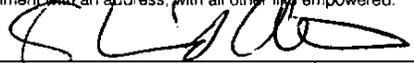
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCOO DEGUZMAN, PEDRO <del>80 EL DORADO</del> 70 KING STREET LITTLE ROCK, AR 72212 EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CAMP, CHARLES 2110 N. PALM LITTLE ROCK, AR 72207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS LUTZ, ROBERT <del>1172 HARBOR RIVER DR.</del> 250 OLIVIA ROSE CT. MEMPHIS, TN 38109 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POLMEAR, WILLIAM 17910 SHELTERED RIDGE LANE TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FORREST, JACK 500 PRESIDENT CLINTON AVE SUITE 305 <del>500 PRESIDENT CLINTON AVE SUITE 305</del> LITTLE ROCK, AR 72204 LITTLE ROCK, AR 72701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEY, LYNDA 1912 SHENAN DOGH AVE 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:  A. Reid All1304 4/18/05 501-235-2253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #