

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90182 008 ***150.00

DOCUMENT # P96000005986

1. Entity Name
EDUTECH CENTERS, INC.



Principal Place of Business
**18850 U.S. 19 NORTH
BLDG 5
CLEARWATER, FL 33764 US**

Mailing Address
**18850 U.S. 19 NORTH
BLDG 5
CLEARWATER, FL 33764 US**

50022393



2. Principal Place of Business

410 PARK PLACE Blvd.

3. Mailing Address

410 PARK PLACE Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072005 Chg-P CR2E034 (10/03)

City & State

CLEARWATER

City & State

CLEARWATER

4. FEI Number

58-2218983

Applied For

Not Applicable

Zip

33759

Country

USA

Zip

33759

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MANKIN, LEONARD J
2805 U.S. 19 NORTH, SUITE 100
CLEARWATER, FL 34621**

7. Name and Address of New Registered Agent

Name **LAWRENCE Bennell**

Street Address (P.O. Box Number is Not Acceptable)

11621 BRISTOL CHASE DR.

City

Tampa

FL

Zip Code

33626

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

LAWRENCE Bennell

2-8-05

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ROYER, GABE L**
STREET ADDRESS **401 E WINDING HILL RD STE 101**
CITY-ST-ZIP **MECHANICSBURG, PA 170554948**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BENNEL, LAWRENCE**
STREET ADDRESS **401 E WINDING HILL RD STE 101**
CITY-ST-ZIP **MECHANICSBURG, PA 170554948**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

LAWRENCE Bennell

2-8-05 721-7241037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #