

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000017166

1. Entity Name
THE ENROLLMENT MANAGEMENT CENTER, INC.



Principal Place of Business
**13447 BEECHBERRY DRIVE
RIVERVIEW, FL 33569 US**

Mailing Address
**P.O. BOX 1719
RIVERVIEW, FL 33568**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3366028	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WALDER, LYNNE
777 S HARBOUR ISLAND BLVD SUITE 128
TAMPA, FL 33602**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000381988
01/11/06-80076-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	DR. INGERSOLL, RONALD J PRES. 13447 BEECHBERRY DRIVE RIVERVIEW, FL 33569
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TITLE NAME STREET ADDRESS CITY ST ZIP	DR. INGERSOLL, DORIS M VICE PR 13447 BEECHBERRY DRIVE RIVERVIEW, FL 33569
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TITLE NAME STREET ADDRESS CITY ST ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DORIS M. INGERSOLL

1-5-06 813-692-8668

Date

Daytime Phone #