

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90413 002 ***150.00

DOCUMENT # P97000077213

1. Entity Name

THE S.E.S. LEARNING CURVE, INC.



Principal Place of Business

7511 ROCKBRIDGE CIRCLE
LAKE WORTH FL 33467

Mailing Address

7511 ROCKBRIDGE CIRCLE
LAKE WORTH FL 33467

J4U23000



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0780809

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAPIRO & DECTOR, P.A.
7777 GLADES ROAD
SUITE 200
BOCA RATON FL 33434

Name

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

507 SOUTHEAST 11TH COURT

City

FORT LAUDERDALE

FL

Zip Code

33316

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

Allen Bosworth (Allen Bosworth)

3/2/04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 PDS ☐ Delete
NAME ZYLSTRA, IRVIN J
STREET ADDRESS 7511 ROCKBRIDGE CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33467

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

TITLE VPD ☒ Delete
NAME SHORE, LARRY
STREET ADDRESS 1155 HILLSBORO MILE
CITY-ST-ZIP HILLSBORO BEACH FL 33062

TITLE ☒ Change ☐ Addition
NAME JOAN R. ZYLSTRA
STREET ADDRESS 7511 ROCKBRIDGE CIRCLE
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

IRVIN J. ZYLSTRA Irvin J. Zylstra

3/1/04

561-966-5508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #