

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

Extra

FILED

**Mar 15, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000030517

1. Entity Name
EDUCATIONAL & BUSINESS SYSTEMS INC.



Principal Place of Business
**2960 S MCCALL RD
ENGLEWOOD, FL 34224**

Mailing Address
**C/O S M HENSHAW ATTY
PO BOX 150639
CAPE CORAL, FL 33915**



02202005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0824470

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BEAUGRAND, L DIETER
13416 BUCKETT CIR
PORT CHARLOTTE, FL 33981**

**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	DPST
NAME	BEAUGRAND, L DIETER
STREET ADDRESS	13416 BUCKETT CIR
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981
TITLE	VP
NAME	BEAUGRAND, H WOLFGANG
STREET ADDRESS	5160 MUNHALL ST
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/15/05-80014-004 150.00

**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)(f), 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 person or persons 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 which is not otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**L. Dieter Beaugrand,
President**

Date

Daytime Phone #