


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000084034</b>	
1. Entity Name <b>UNIVERSITY SCIENCE CENTER, INC.</b>	

Principal Place of Business <b>250 INTERNATIONAL PKWY STE 114 LAKE MARY, FL 32746</b>	Mailing Address <b>250 INTERNATIONAL PKWY STE 114 LAKE MARY, FL 32746</b>
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03082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0881864</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>FESS, MICHAEL D 250 INTERNATIONAL PKWY STE 114 LAKE MARY, FL 32746</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <b>04/10/08</b>
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>04/10/08-80038-016 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JAFEE, CABOT L SR. 250 INTERNATIONAL PKWY # 114 LAKE MARY, FL 32746</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CALHOUN, MICHAEL D 505 MAITLAND AVE STE 1350 ALTAMONTE SPRINGS, FL 32701</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST FESS, MICHAEL D 250 INTERNATIONAL PKWY #114 LAKE MARY, FL 32746</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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.

<b>SIGNATURE:</b> 	<b>3/12/08</b> Date	<b>407 660 4449</b> Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		