

# **2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000102369

**FILED  
Mar 30, 2009  
Secretary of State**

**Entity Name:** HOLMQUIST EDUCATIONAL CONSULTANTS, INC.

**Current Principal Place of Business:**

3315 SILVERPOND DRIVE  
PLANT CITY, FL 33566

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3564  
PLANT CITY, FL 33563

**New Mailing Address:**

PO BOX 3564  
PLANT CITY, FL 335630010

FEI Number: 65-0881349

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HOLMQUIST, STEPHANIE  
3315 SILVERPOND DRIVE  
PLANT CITY, FL 33566 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HOLMQUIST, STEPHANIE K  
Address: 3315 SILVERPOND DRIVE  
City-St-Zip: PLANT CITY, FL 33566

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE HOLMQUIST

PRES

03/30/2009

Electronic Signature of Signing Officer or Director

Date