

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000002954

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Entity Name:** EDUCATIONAL SEMINARS OF AMERICA, INC.

**Current Principal Place of Business:**

675 S APOLLO BLVD  
MELBOURNE, FL 32901

**New Principal Place of Business:**

417 MAGNOLIA AVE  
MELBOURNE BEACH, FL 32951

**Current Mailing Address:**

675 S APOLLO BLVD  
MELBOURNE, FL 32901

**New Mailing Address:**

417 MAGNOLIA AVE  
MELBOURNE BEACH, FL 32951

**FEI Number:** 59-3578169

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARKER, RICHARD L  
417 MAGNOLIA AVE  
MELBOURNE BEACH, FL 32951 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PARKER, RICHARD  
Address: 417 MAGNOLIA AVENUE  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: ST  
Name: PARKER, JOAN  
Address: 417 MAGNOLIA AVE  
City-St-Zip: MELBOURNE BEACH, FL 32951

I hereby 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 all other like empowered.

SIGNATURE: RICHARD L PARKER

PD

03/01/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date