

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 JUN 20 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P99000032968 1. Entity Name EDUCATIONAL THERAPY FOR ALL PEOPLE, INC.																											
Principal Place of Business 445 BOUCHELLE DRIVE SUITE 205 NEW SMYRNA BEACH, FL 32169		Mailing Address 445 BOUCHELLE DRIVE SUITE 205 NEW SMYRNA BEACH, FL 32169																									
2. Principal Place of Business - No P.O. Box # 445 Bouchelle Dr. Suite, Apt. #, etc. 205		3. Mailing Address 445 Bouchelle Dr. Suite, Apt. #, etc. 205																									
City & State New Smyrna Beach FL Zip 32169		City & State New Smyrna Beach Zip 32169																									
Country USA		Country USA																									
4. FEI Number 59-3574356		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent KRUCK, DONALD 445 BOUCHELL DR STE-205 NEW SMYRNA BEACH, FL 32169		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 I accept the obligations of registered agent. SIGNATURE: <div style="float: right; text-align: right;"> DATE: </div>																											
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>																									
\$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																									
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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.																											
SIGNATURE:		SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DONALD E. KRUCK																									
Date: 6/18/08		Daytime Phone #: 326-423-4697																									