

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000072529

1. Entity Name

CREATIVE WORLD SCHOOLS FRANCHISING COMPANY,
INC.



FILED
Feb 11, 2008 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/07)

Principal Place of Business 10060 AMBERWOOD ROAD SUITE 1 FORT MYERS FL 33913		Mailing Address 10060 AMBERWOOD ROAD SUITE 1 FORT MYERS FL 33913	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3599996		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEYER, DAVID A C/O DLA PIPER US LLP 101 E. KENNEDY BLVD., STE. 2000 TAMPA FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when submitting filing.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCABE, BILLIE 17830 CASTLE HARBOR DRIVE FORT MYERS FL 33967 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000824206 02/20/08-80068-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITEHOUSE, MARIANNE 17830 CASTLE HARBOR DRIVE FORT MYERS FL 33967 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: DATE: 2-4-08 239-437-6273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY OF MONTH YEAR