

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000104015

1. Entity Name

SABAL LEARNING SYSTEMS, INC.



Principal Place of Business
1263 NORWICH RD.
JACKSONVILLE FL 32207

Mailing Address
1263 NORWICH RD.
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3612096

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OTT, CAMILLE
1263 NORWICH ROAD
JACKSONVILLE FL 32207

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME JORDAN, PAUL B
STREET ADDRESS 1977 WOODLEIGH DRIVE WEST
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U000000305397
CITY-ST-ZIP 04/14/05-80107-022 158.75

TITLE D ☐ Delete
NAME OTT, CAMILLE
STREET ADDRESS 1263 NORWICH RD.
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME COLEMAN, RONALD L
STREET ADDRESS 1748 ASTON HALL DRIVE EAST
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAMILLE OTT 4-05 904-730-0365

Date

Daytime Phone #