CH 30494

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S62894

1. Entity Name
EDUCATIONAL TRAVEL FOR EVERYONE, INC.

FILED
05 APR 28 PM 1:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

04212005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
3380 CAPITAL CIRCLE NE SUITE 2 TALLAHASSEE, FL 32308	3380 CAPITAL CIRCLE NE SUITE 2 TALLAHASSEE, FL 32308

2. Changed Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
59-3080583
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WACKSMAN, JAMES F 3380 CAPITAL CIR. NE #2 TALLAHASSEE, FL 32308	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 of new registered agent, if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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 (E.G. 11)	
TITLE	P ☐ Delete	TITLE	Chairman ☐ Change ☐ Add
NAME	WACKSMAN, JAMES F	NAME	
STREET ADDRESS	3380 CAPITAL CIR NE, #2	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	
TITLE	C ☐ Delete	TITLE	President ☐ Change ☐ Add
NAME	KEEN, J VELMA II	NAME	
STREET ADDRESS	504 SWEETWATER CLUB CIR	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL	CITY-ST-ZIP	
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Add
NAME	MILLER, M LANCE	NAME	400054120654
STREET ADDRESS	302 3RD ST, #1	STREET ADDRESS	05/10/05--01003--017 **150.00
CITY-ST-ZIP	NEPTUNE BEACH, FL	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Add
NAME	FRANCESCHI, LEE ANN	NAME	
STREET ADDRESS	2909 IVANHOE RD	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Add
NAME	WACKSMAN, CATHY	NAME	
STREET ADDRESS	2644 STONEGATE WAY	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Add
NAME	KEEN, SHARON	NAME	
STREET ADDRESS	504 SWEETWATER CLUB CIR	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL	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)(i), 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 above, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-22-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date