

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

DOCUMENT # S62894

1. Entity Name

EDUCATIONAL TRAVEL FOR EVERYONE, INC.



07 APR 23 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PS*

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

Mailing Address  
3380 CAPITAL CIRCLE NE  
SUITE 2  
TALLAHASSEE, FL 32308



04182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

WACKSMAN, JAMES F  
3380 CAPITAL CIR. NE  
#2  
TALLAHASSEE, FL 32308

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C  
NAME WACKSMAN, JAMES F  
STREET ADDRESS 3380 CAPITAL CIR NE, #2  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE P  
NAME KEEN, J V II  
STREET ADDRESS 504 SWEETWATER CLUB CIR  
CITY-ST-ZIP LONGWOOD, FL

TITLE ST  
NAME MILLER, M L  
STREET ADDRESS 302 3RD ST, #1  
CITY-ST-ZIP NEPTUNE BEACH, FL

TITLE V  
NAME FRANCESCHI, LEE ANN  
STREET ADDRESS 2909 IVANHOE RD  
CITY-ST-ZIP TALLAHASSEE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000098564510  
04/25/07--01038--004 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/20/07*

*PSD-385-3366*