

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 SEP -4 AM 8:30

DOCUMENT # S62894

1. Entity Name  
EDUCATIONAL TRAVEL FOR EVERYONE, INC.



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

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



09022008 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 CIRCLE NE  
SUITE 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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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.

**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 32779
TITLE	ST
NAME	MILLER, M L
STREET ADDRESS	302 3RD ST, #1
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266
TITLE	V
NAME	FRANCESCHI, LEE ANN
STREET ADDRESS	2909 IVANHOE RD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

~~09/16/08--01020--001 \*\*150.00~~

900135964419  
09/16/08--01020--001 \*\*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 #

9/3/08 850-385-3366