

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000068233

Entity Name: KOALA-TEE ACADEMY, INC.**Current Principal Place of Business:**5640 S. FLORIDA AVE.
FLORAL CITY, FL 34436**Current Mailing Address:**P.O. BOX 982
FLORAL CITY, FL 34436**FEI Number: 59-3335398****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WALLER, DEBRA
5640 S. FLORIDA AVE.
FLORAL CITY, FL 34436 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	WALLER, DEBRA
Address	P.O. BOX 982
City-State-Zip:	FLORAL CITY FL 34436

Title	P
Name	WALLER, RICHARD
Address	P.O. BOX 982
City-State-Zip:	FLORAL CITY FL 34436

Title	VP
Name	WALLER, CHAD
Address	P.O. BOX 982
City-State-Zip:	FLORAL CITY FL 34436

Title	S
Name	WALLER, TROY
Address	P.O. BOX 982
City-State-Zip:	FLORAL CITY FL 34436

Title	T
Name	WALLER, RYAN
Address	P.O. BOX 982
City-State-Zip:	FLORAL CITY FL 34436

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA WALLER**DIRECTOR****03/26/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date