


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F92589</b> 1. Entity Name <b>INVESTMENT EDUCATION, INC.</b>	
---	---

FILED  
 04 JAN -9 PM 8:49  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business <b>3493 WINCHESTER DRIVE</b> <b>PORT ORANGE, FL 32129 US</b>	Mailing Address <b>3493 WINCHESTER DRIVE</b> <b>PORT ORANGE, FL 32129 US</b>
--	--



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2214809</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**MCPHEE, PETER H**  
**3493 WINCHESTER DR**  
**PORT ORANGE, FL 32129**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MCPHEE, PETER H
STREET ADDRESS	3493 WINCHESTER DR
CITY-ST-ZIP	PORT ORANGE, FL 32129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

600028150376  
 02/03/04--01051--004 \*\*150.00

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: See attached Print-out \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_



# Division of Corporations

## Annual Report

Page 1

Document Number

**F92589**

Business Entity Name

**INVESTMENT EDUCATION, INC.**

FEI Number

592214809

FEI Number Status

Applied For  Not Applicable  Current

Certificate of Status Desired  Yes  No \$8.75 each

### Principal Place of Business

Address

3493 WINCHESTER DRIVE

Suite, Apt. #, etc.

City, State

PORT ORANGE, FL

Zip Code & Country

32129 US

### Mailing Address

Address

3493 WINCHESTER DRIVE

Suite, Apt. #, etc.

City, State

PORT ORANGE, FL

Zip Code & Country

32129 US

### Name And Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name

MCPHEE, PETER H

Address

3493 WINCHESTER DR

Suite, Apt. #, etc.

City, State

PORT ORANGE, FL

Zip Code & Country

32129 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

*Peter H. McPhee*



# Division of Corporations

## Annual Report

Page 2

Document Number

**F92589**

Business Entity Name

**INVESTMENT EDUCATION, INC.**

Election Campaign Financing Trust Fund Contribution  Yes  No

### Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

List more than six Officers/Directors  No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

[Sunbiz Home Page](#)

[Public Access Help](#)