

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90013 021 \*\*\*\*70.00

<b>DOCUMENT # 743793</b> 1. Entity Name <b>FAM-CO LEARNING AND DEVELOPMENT, INC.</b>					
Principal Place of Business <b>8671 LEM TURNER RD. JACKSONVILLE, FL 32208</b>			Mailing Address <b>8671 LEM TURNER RD. JACKSONVILLE, FL 32208</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1867609</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>CR2E037 (10/03)</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SILVER, RHONDA 230 E. 1ST STREET #709 JACKSONVILLE, FL 32206</b>			7. Name and Address of New Registered Agent Name <b>HAYWOOD, NELSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>484 W 61ST ST</b> City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32208</b>		
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 <small>Signature typed or printed name of registered agent and title if applicable.</small>		<b>PRESIDENT/DIRECTOR</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>3/19/05</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>SILVER, RHONDA</b> <b>1740 PARKWOOD STREET</b> <b>JACKSONVILLE, FL 32207</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>HAYWOOD, NELSON</b> <b>484 W 61ST ST</b> <b>JACKSONVILLE, FL 32208</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DI</b> <b>WILLIAMS, LEE EDNA</b> <b>4003 SPIRES AVENUE</b> <b>JACKSONVILLE, FL 32209</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>TONY, LARRY</b> <b>484 W 61ST ST</b> <b>JACKSONVILLE, FL 32208</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAYWOOD, NELSON</b> <b>1740 PARKWOOD STREET</b> <b>JACKSONVILLE, FL 32209</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/S</b> <b>FLORA FEGGINS PETERSON</b> <b>8130 VILLAGE GATE CT</b> <b>JACKSONVILLE, FL 32217</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HIGHTOWER, CISELY</b> <b>3556 COLDEN COVE TRAIL</b> <b>JACKSONVILLE, FL 32211</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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:		<b>DIRECTOR President</b>		<b>3/19/05</b> <b>9047669407</b> <small>Date Daytime Phone #</small>	