


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # J90217
 1. Entity Name
 THE CHILDREN'S CASTLE PRE-SCHOOL, INC.



Principal Place of Business _____ Mailing Address _____
 4771 NORTHEAST 22ND AVE. 4771 NORTHEAST 22ND AVE.
 LIGHTHOUSE POINT, FL 33064 LIGHTHOUSE POINT, FL 33064

DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-2842419** Applied For _____
 Not Applicable _____
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 JOHNSON, PAUL
 4771 NE 22ND AVENUE
 LIGHTHOUSE POINT, FL 33064

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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JOHNSON, JOYCE 4771 NE 22ND AVENUE LIGHTHOUSE PT., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD JOHNSON, PAUL 4771 NE 22ND AVENUE LIGHTHOUSE PT., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HORNE, WENDY 4771 NE 22ND AVE LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  4/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #