

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # K90793

1. Entity Name
MONTESSORI EDUCATION CENTER, INC.



Principal Place of Business
**4930 WEBB RD.
TAMPA, FL 33615**

Mailing Address
**4930 WEBB RD.
TAMPA, FL 33615**



04302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2954423

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOHN J BOWMAN JR.
2505 W. PALM DR.
TAMPA, FL 33629**

**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 reappointing)

DATE

**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	DP BOWMAN, NANCY L. 2505 W PALM DR TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WRIGHT, ANNA M. 9242 LAKE PLACE LANE TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BOWMAN, JOHN J JR. 2505 W. PALM DR. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOWMAN, JOHN J., JR. 2505 W PALM DR TAMPA, FL
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05/03/05-80072-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

John J. Bowman Jr.
JOHN J. BOWMAN JR.

DATE

4/30/05 813-886-3469

Daytime Phone #