2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N04000003906

MONTESSORI ORLANDO ARTS AND SCIENCES INNOVATIVE SCHOOL, INC.



04-29-2005 90242 022 ****70.00

FILED

Apr 29, 2005 8:00 am Secretary of State

				10.00					
2060 PARTIN-SETTLEMENT 2		Mailing Address 2060 PARTIN-SETTLEMENT KISSIMMEE, FL 34744			- - .				
2 Principal F	Place of Business	3. Mailing Address							
2. Tillopal Faco of Basiloss		b. Waling Address	, vialing / dai 033			LIBH BUHI BUHI BUHI) Kaili Belys I.	INIO ADIN SEND DI	ATILITA DI EDDI
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04262005 CI	ng-NP	CR2E0	37 (10/03)	
City & State		City & State			4. FEI Number 34 - 199	1788		- I	oplied For
Zîp	Country	Zip	Country		5. Certificate of St	atus Desired	Ø	\$8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Ro	egistered /	Agent	
PERSINO	S. JILL ANN S		Name						
PERSINOS, JILL ANN S 2060 PARTIN-SETTLEMENT KISSIMMEE, FL 34744			Street Address		O. Box Number is t	Not Acceptable)		
	.4								
·			City				FL	Zip Cod	
8. The above	named entity submits this statement for tions of registered agent.	r the purpose of changing	its registered office or	registered	agent, or both, in	the State of Flo	rida. I am	familiar with,	and accept
2.0 00gu	oria or registered agoric.								
SIGNATURE	·	·							
	Signature, typed or printed name of registered agent	and title if applicable. (N	OTE: Registered Agent signatus	re required wh	non reinstating)		DATE		
Filing Fee Is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution.						
	_			□ \$	5.00 May Be dded to Fees			payable to	
10.	_	Trust Fund		LJ A	5.00 May Be dded to Fees DITIONS/CHANGI	Flori	da Depar	tment of S	tate
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	OFFICERS AND DIE D PERSINOS, JILL ANN S	Trust Fund RECTORS	d Contribution. 11. TITLE NAME	LJ A	dded to Fees	Flori	da Depar	tment of S	tate
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12. I hereby certify that the intermal on 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 of 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 applicable, with all other like empowered.

SIGNATURE: