


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

06-13-2005 90003 024 ****70.00

DOCUMENT # N04000007677			
1. Entity Name LITERACY LAUNCHERS, INCORPORATED			
Principal Place of Business 2808 AVENUE D FT PIERCE, FL 34947		Mailing Address 2808 AVENUE D FT PIERCE, FL 34947	
2. Principal Place of Business 1910 ESPLANADE N. AVE. Suite, Apt. #, etc.		3. Mailing Address 1910 ESPLANADE N. AVE. Suite, Apt. #, etc.	
City & State FT. PIERCE, FL		City & State FT. PIERCE, FL	
Zip 34982	Country USA	Zip 34982	Country USA
6. Name and Address of Current Registered Agent HOEFFNER, BARBARA 2808 AVENUE D FT PIERCE, FL 34947		7. Name and Address of New Registered Agent Name HOEFFNER, BARBARA Street Address (P.O. Box Number is Not Acceptable) 1910 ESPLANADE NORTH AVE. City FT. PIERCE FL Zip Code 34982	
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: <i>Barbara Hoeffner</i> BARBARA HOEFFNER/MANAGING DIRECTOR		DATE: 6/10/05	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FREDERICK, IDA 1122 HEMLOCK CIRCLE FT PIERCE, FL 34947 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/P/D BUSH, BARBARA 247 S.W. MANOR DRIVE STUART, FL 34994 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOEFFNER, BARBARA 1910 ESPLANADE NORTH AVE FT PIERCE, FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HOEFFNER, BARBARA 1910 ESPLANADE NORTH AVE. FT. PIERCE, FL 34982 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUFFSTETTER, MARY 707 CARPENTERS WAY #11 LAKELAND, FL 33809 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D MILLER, JUDI 3325 S. LAKEVIEW CIRCLE #206 FT. PIERCE, FL 34948 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZRALLACK, NICK 300 N JENKINS RD FT PIERCE, FL 33947 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D KILMER, SUSAN 4905 MYRTLE DRIVE FT. PIERCE, FL 34982 <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: <i>Barbara Hoeffner</i>		DATE: 6/10/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BARBARA HOEFFNER/MANAGING DIRECTOR		Daytime Phone # 1-772-528-6049	