


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P0000033157**  
 1. Entity Name  
 LITTLE FRIENDS SCHOOLHOUSE, INC.



Principal Place of Business  
 6145 ABBOTT STATION DR  
 ZEPHYRHILLS, FL 33542

Mailing Address  
 6145 ABBOTT STATION DR  
 ZEPHYRHILLS, FL 33542

**DO NOT WRITE IN THIS SPACE**



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3636117	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLOMAN, ADELE L  
 13219 TRADITION DR.  
 DADE CITY, FL 33525

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	P HOLLOMAN, ADELE 13219 TRADITON DR DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP HOLLOMAN, JOSEPH W 13219 TRADITON DR DADE CITY, FL 33525
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U00000898200  
 04/25/08-80078-017 158.75

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Adele L Holloman* Date: *4-2-08* Daytime Phone #: *813-782-8468*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR