


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000022939  
 1. Entity Name  
 THE LEARNING TREE SCHOOL, INC.



Principal Place of Business      Mailing Address  
 318 E. GIBSON STREET      P.O. BOX 95  
 ARCADIA, FL 34266      ARCADIA, FL 34266

**DO NOT WRITE IN THIS SPACE**



04152004    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-0394975	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 THOMAS, DONNA S  
 318 E. GIBSON STREET  
 ARCADIA, FL 34265

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000149639 05/03/04-80195-004 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT THOMAS, DONNA S 318 E GIBSON ST ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GERARD, THOMAS J 318 E GIBSON ST ARCADIA, FL 34266
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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: *Donna S Thomas*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #