

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000003367

FILED
Apr 28, 2009
Secretary of State

Entity Name: MONTESSORI PRESCHOOL OF LAKELAND, INC,

Current Principal Place of Business:

334 DORIS DRIVE
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

334 DORIS DRIVE
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 59-3429281 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILSON, DONALD H JR
150 EAST DAVIDSON ST.
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SQUIRE, STEPHEN D
Address: 5206 DISMUKE DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: SQUIRE, ANGELA M
Address: 5206 DISMUKE DRIVE
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SQUIRE, STEPHEN D
Address: 3667 TIGEREYE COURT
City-St-Zip: MULBERRY, FL 33860

Title: D (X) Change () Addition
Name: SQUIRE, ANGELA M
Address: 3667 TIGEREYE COURT
City-St-Zip: MULBERRY, FL 33860

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA SQUIRE

D

04/28/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date