## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AN
Secretary of State

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1. Entity Nan	MENT # P9900009711 ne ADOWS LEARNING CENTER I			Secretary or State
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3227 OLD J	ENNINGS ROAD	Mailing Address 3227 OLD JENNINGS ROAD MIDDLEBURG, FL 32068		
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				02222004 No Chg-P CR2E034 (10/03)
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DO NOT WRITE IN THIS SPACE			UL	4. FEI Number Applied For
				59-3616139   Not Applicable
				5. Certificate of Status Desired 38.75 Additional
	6. Name and Address of Current Regi	Acres Avenue		Fee Required
<del></del>	o. Name and Address of Corrent Heat	stered Agent		
BLOOME	R, GEORGE M			DO NOT WOITE
2362 BLANDING BOULEVARD				DO NOT WRITE
MIDDLEBURG, FL 32068				BUTHO ODAOT
'				IN THIS SPACE
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8. The above	anamed entity submits this statement for the	purpose of changing its registere	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
the obliga	tions of registered agent.			·
0.04.4471.05				فين المراجع ال
SIGNATURE.	Signature, typod or printed name of registered agent and title	il applicable (NOT Registered	d Agent signature required	d when reinstating) DATE
	5 m 3000 f m / que			1 100000035504
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.		.00 May Be 103/29/04-80043-012 150.00 led to Fees
10.	OFFICERS AND DIRE	CTORS	1	
TITLE	PD		1	
NAME	DINGLE, DENNIS R III			
STREET ADDRESS	4768 SADLEHORN TRAIL			
CITY-SI-ZIP	MIDDLEBURG, FL 32068	-		
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NAME	DINGLE, GLENDA G			
STREET ADDRESS	4768 SADLEHORN TRAIL			
CITY-ST-ZIP	MIDDLEBURG, FL 32068			
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STREET ADORESS	The contract of the contract o		l	
CITY-ST-ZIP		<u>=</u>	<u> </u>	The second secon
12. hereby	certify that the information supplied with this t	iling does not qualify for the exer	nption stated in Ser	ection 119.07(3)(i), Florida Statutes. I further certify that the information
ingrenated	on this report or supplemental report is true	and accurate and that my signate	ure shall have the s red by Chanter 607	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath, that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if
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of the cor changed	poration or the receiver or trustee empowere , or on an attachment with an address, with a	Il other like empowered.		, /
		If other like empowered.		2 had bed Oad dela
of the cor changed	URE: Stends	& bliss	Le	3/24/04 904 443-6769
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	URE: Stends	& bliss	Le	3/34/04 904 443 47/69