


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P99000097113
 1. Entity Name
 FOX MEADOWS LEARNING CENTER INC.



Principal Place of Business Mailing Address
 3227 OLD JENNINGS ROAD 3227 OLD JENNINGS ROAD
 MIDDLEBURG, FL 32068 MIDDLEBURG, FL 32068

DO NOT WRITE IN THIS SPACE



02222004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3616139 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BLOOMER, GEORGE M
 2362 BLANDING BOULEVARD
 MIDDLEBURG, FL 32068

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

DATE 03/29/04-80043-012 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | PD |
| NAME | DINGLE, DENNIS R III |
| STREET ADDRESS | 4768 SADLEHORN TRAIL |
| CITY-ST-ZIP | MIDDLEBURG, FL 32068 |
| TITLE | VSD |
| NAME | DINGLE, GLENDA G |
| STREET ADDRESS | 4768 SADLEHORN TRAIL |
| CITY-ST-ZIP | MIDDLEBURG, FL 32068 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: *Glenda G. Dingle* 3/24/04 904 443-6719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Glenda G. Dingle