2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 519331

1. Entity Name
GINGERBREAD SCHOOL, INC.

Principal Place of Business	Mailing Address
5175 45TH ST N	5175 45TH ST N
SAINT PETERSBURG, FL 33714	SAINT PETERSBURG, FL 33714

DO NOT WRITE IN THIS SPACE

03042004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1710755	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARAYBAR, SUSAN
5175 45TH ST N
SAINT PETERSBURG, FL 33714

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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_____

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

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PELOSI, LORRAINE M.
STREET ADDRESS	800 STARKEY RD
CITY-ST-ZIP	SEMINOLE, FL
TITLE	STD
NAME	SUSAN BARAYBAR
STREET ADDRESS	8000 STARKEY RD
CITY-ST-ZIP	SEMINOLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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03/22/04-80011-015 150.00

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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: _Susan Baraybar_   3/18/04 (727) 528-8717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #