

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000101610

Entity Name: SHINING BRIGHT PRESCHOOL, INC**Current Principal Place of Business:**5606 WINDERMERE DR
JACKSONVILLE, FL 32211**Current Mailing Address:**5619 WELLER AVE
JACKSONVILLE, FL 32211 US**FEI Number: 81-4810749****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GARCIA, ANTONIO M
5619 WELLER AVE
JACKSONVILLE, FL 32211 US*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**Officer/Director Detail :**

| | |
|-----------------|-----------------------|
| Title | CEO |
| Name | GARCIA, LESLIE C |
| Address | 5619 WELLER AVE |
| City-State-Zip: | JACKSONVILLE FL 32211 |

| | |
|-----------------|-----------------------|
| Title | PRESIDENT |
| Name | GARCIA, ANTONIO M |
| Address | 5619 WELLER AVE |
| City-State-Zip: | JACKSONVILLE FL 32211 |

| | |
|-----------------|-----------------------|
| Title | VP |
| Name | ALLEN, BRANDON |
| Address | 5619 WELLER AVE |
| City-State-Zip: | JACKSONVILLE FL 32211 |

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|-----------------|-----------------------|
| Title | VP |
| Name | MUIR , EDMUNDO |
| Address | 5619 WELLER AVE |
| City-State-Zip: | JACKSONVILLE FL 32211 |

| | |
|-----------------|-----------------------|
| Title | CFO |
| Name | ALLEN, KELI G |
| Address | 5619 WELLER AVE |
| City-State-Zip: | JACKSONVILLE FL 32211 |

I hereby 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 all other like empowered.

SIGNATURE: ANTONIO M GARCIA**PRESIDENT/
REGISTERED AGENT****03/06/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date