

2004 FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # 438057

1. Entity Name
FRANTZ PLAY SCHOOL, INC.



Principal Place of Business

**45 & 47 PALMETTO AVE
ST. AUGUSTINE, FL 32084 US**

Mailing Address

**5046 SHORE DR
ST. AUGUSTINE, FL 32086 US**



02102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1471815

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRANTZ, MARIE F.
5046 SHORE DR
ST. AUGUSTINE, FL 32086**

**DO NOT WRITE
IN THIS SPACE**

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	VP
NAME	TURNER, LISA F.
STREET ADDRESS	190 MAGNOLIA DRIVE
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	ST
NAME	FRANTZ, HARRY
STREET ADDRESS	5046 SHORE DR
CITY-ST-ZIP	ST AUGUSTINE, FL 00000, 32086
TITLE	PD
NAME	FRANTZ, MARIE
STREET ADDRESS	5046 SHORE DR
CITY-ST-ZIP	ST AUGUSTINE, FL 00000, 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/04-80080-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Marie Frantz President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-04 904-7975423
Date Daytime Phone #

MARIE FRANTZ