2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736193

City-St-Zip: HIGH SPRINGS, FL 32643

LEES' PRE-SCHOOL CENTER. INC.

FILED Jul 02, 2004 Secretary of State

Entity Nai	me: LEES PF	RE-SCHOOL CENTER, INC.					
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
	166TH PLAC , FL 32615	E US					
Current M	lailing Addres	ss:	New Mailing Address:				
	166TH PLAC , FL 32615	E US					
FEI Number	: 59-1707930	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired (()	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
STANDIFE 1135 MAP ALACHUA	ER, KIMBERLY LE STREET , FL US		17445 NW	STANDIFER, KIMBERLY D 17445 NW 240 TERR HIGH SPRINGS, FL 32643 US			
	named entity of Florida	submits this statement for the	purpose of changing i	ts registered o	office or registered agent, or	· both,	
SIGNATU	RE: KIMBERL	Y STANDIFER			07/02/2004		
	Electror	ic Signature of Registered Ag	ent		Date		
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VTD (LEE, GUSSIE N 28213 NW CR ALACHUA FL,		Title: Name: Address: City-St-Zip:	() Change()Addition		
Title: Name: Address: City-St-Zip:	SD (LEE, GREGOR 28225 NW CR ALACHUA FL,	•	Title: Name: Address: City-St-Zip:	() Change()Addition		
Title: Name: Address: City-St-Zip:	TVD () LEE, GUSSIE N 28213 NW CR ALACHUA FL,		Title: Name: Address: City-St-Zip:	() Change()Addition		
Title: Name: Address:	PD (STANDFER, KI 1135 MAPLES		Title: Name: Address:	PD (X STANDFER, K 17445 NW 240			

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip: HIGH SPRINGS, FL 32643

SIGNATURE: GREGORY S LEE SD 07/02/2004