2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 757824

1. Entity Name
PRE-SCHOOL EXPERIENCE, INC.

Principal Place of Business	Mailing Address
1665 25TH AVE. N. ST. PETESBURG, FL 33713-4443 US	1665 25TH AVE. N. ST. PETESBURG, FL 33713-4443 US

01082004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-0641386
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SIMON, RAOUL
925 15TH AVE. NO.
ST PETERSBURG, FL 33704

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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)

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RAOUL SIMON
STREET ADDRESS	925 15TH AVE N
CITY-ST-ZIP	ST PETERSBURG, FL 33704
TITLE	VDSD
NAME	WOOD, AMY
STREET ADDRESS	5560-94TH AVE N
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	TD
NAME	ALAN C BROWN
STREET ADDRESS	6027 24TH AVE N
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
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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01/26/04-80024-005 70.00

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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 617, 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: Raoul H. Simon Raoul H. Simon 1/21/04 727-896-6317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #