

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90072 001 ****70.00

DOCUMENT # 757824

1. Entity Name
PRE-SCHOOL EXPERIENCE, INC.



Principal Place of Business
**1665 25TH AVE. N.
ST. PETERSBURG, FL 33713-4443 US**

Mailing Address
**1665 25TH AVE. N.
ST. PETERSBURG, FL 33713-4443 US**

4000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME **RAOUL SIMON**
STREET ADDRESS **925 15TH AVE N**
CITY - ST - ZIP **ST PETERSBURG, FL 33704**

TITLE VDSD ☒ Delete
NAME **WOOD, AMY**
STREET ADDRESS **7690 17TH WAY**
CITY - ST - ZIP **SAINT PETERSBURG, FL 33702**

TITLE TD ☐ Delete
NAME **ALAN C BROWN**
STREET ADDRESS **6027 24TH AVE N**
CITY - ST - ZIP **ST. PETERSBURG, FL 33710**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE VDSD ☒ Change ☒ Addition
NAME **SHELLHORN, WENDY**
STREET ADDRESS **6032 24TH AVE. N.**
CITY - ST - ZIP **St. Petersburg, FL 33710**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Raul Simon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/08

Date

727-896-6317

Daytime Phone #