

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # F30767

1. Entity Name
MONTESSORI EARLY SCHOOL, INCORPORATED



Principal Place of Business
**1010 NORTH 12TH AVENUE
PENSACOLA, FL 32501 US**

Mailing Address
**4100 MONTESSORI DR
PENSACOLA, FL 32504 US**



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2098328	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TURTLE, KATHY
2100 MAGNOLIA AVENUE
PENSACOLA, FL 32503**

**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)

00000090952

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

01/23/08-80054-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TURTLE, KATHY
STREET ADDRESS	2100 MAGNOLIA AVENUE
CITY-ST-ZIP	PENSACOLA, FL

TITLE	TD
NAME	GAUDET, MARY
STREET ADDRESS	9613 GRALLATORIAL CIRCLE
CITY-ST-ZIP	PENSACOLA, FL 32507

TITLE	SD
NAME	MITKEVICIUS, MARIA
STREET ADDRESS	5820 KEYSTON ROAD
CITY-ST-ZIP	PENSACOLA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/08

850-433-4155