


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90109 013 ***150.00

DOCUMENT # F57375					
1. Entity Name WIMBERLY'S PRE-SCHOOL AND KINDERGARDEN, INCORPORATED					
Principal Place of Business CORPORATED 806 N ALBANY AVE TAMPA FL 33606			Mailing Address CORPORATED 806 N ALBANY AVE. TAMPA FL 33606		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2158170	
				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			7. Name and Address of New Registered Agent		
WIMBERLY, MARIE H. 806 N ALBANY ST. TAMPA FL 33606			Name Connie D. Chisholm		
			Street Address (P.O. Box Number is Not Acceptable) 806 N. Albany Avenue		
			City Tampa		
			State FL Zip Code 33606-1010		
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 Connie D. Chisholm (Connie D. Chisholm) DATE 4/27/05					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WIMBERLY, MARIE H.	NAME			
STREET ADDRESS	806 N ALBANY ST.	STREET ADDRESS			
CITY- ST- ZIP	TAMPA FL	CITY- ST- ZIP			
TITLE	President <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHISHOLM, CONNIE D	NAME			
STREET ADDRESS	806 N ALBANY AVE	STREET ADDRESS			
CITY- ST- ZIP	TAMPA FL 33606-1010	CITY- ST- ZIP			
TITLE	Vice President <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Mary Bryant	NAME			
STREET ADDRESS	4122 Green St. Tampa FL 33607	STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	S/T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Juanita Spain	NAME			
STREET ADDRESS	3914 Walnut Street Tampa FL 33607	STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
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: Connie D. Chisholm Connie D. Chisholm 4/26/05 (813) 251-3592					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					