

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # G18356**

1. Entity Name

THE LEARNING GATE, INC.



Principal Place of Business

16215 HANNA RD  
LUTZ FL 33549

Mailing Address

16215 HANNA RD  
LUTZ FL 33549

2. Principal Place of Business

16215 Hanna Rd

3. Mailing Address

16215 Hanna Rd

Suite, Apt. #, etc.

Rt 2 Florida

Suite, Apt. #, etc.

Lutz Florida

City & State

City & State

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2248227

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

Zip  
33549

Country  
Hillsborough

Zip  
33549

Country  
Hillsborough

6. Name and Address of Current Registered Agent

GIRARD, PATRICIA D.  
16215 HANNA ROAD  
LUTZ FL 33549

7. Name and Address of New Registered Agent

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

*Patricia D. Girard*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
GIRARD, PATRICIA D  
12207 NOREAST LAKE DR.  
TAMPA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WARGO, BETTY  
7515 VEVE LANE  
TAMPA FL 33610 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Add  
U00000407092  
02/08/06-80002-015 158.75

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

*Patricia D. Girard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/06 813 9484190

Date

Daytime Phone #