

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90040 023 ***150.00

DOCUMENT # G47140					
1. Entity Name PALM HARBOR MONTESSORI SCHOOL, INC.					
Principal Place of Business 2355 NEBRASKA AVE. PALM HARBOR, FL 34683			Mailing Address 2355 NEBRASKA AVE. PALM HARBOR, FL 34683		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1961 East Lake Rd.			
City & State		City & State Palm Harbor, FL		4. FEI Number 59-2292787	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34685		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent NORBOM, CHRISTINE V. 1570 E LAKE WOODLANDS PARKWAY OLDSMAR, FL 34677			7. Name and Address of New Registered Agent Name: Varkas, Christine Street Address (P.O. Box Number is Not Acceptable): 860 S. Florida Av. City: Tarpon Springs, FL FL Zip Code: 34689		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
9. Election Campaign Financing <input type="checkbox"/> \$5.00: May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: PSD NAME: VARKAS, CHRISTINE STREET ADDRESS: 1570 E LAKE WOODLANDS PKWY CITY-ST-ZIP: OLDSMAR, FL			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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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: _____ 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 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: 2/13/06 Daytime Phone #: 727-786-1854		