

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # G71041**

1. Entity Name  
**THE LITTLE COUNTRY SCHOOL, INC**



Principal Place of Business  
**862 BAISDEN ROAD  
JACKSONVILLE, FL 32218 US**

Mailing Address  
**862 BAISDEN BLVD  
JACKSONVILLE, FL 32218 US**



01072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2369875**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**JAY, LOLA I.  
860 BAISDEN ROAD  
JACKSONVILLE, FL 32218**

**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)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	JAY, LOLA I.
STREET ADDRESS	14128 DUVAL ROAD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	V
NAME	JAY, EDDIE L.
STREET ADDRESS	14128 DUVAL ROAD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	S
NAME	JAY, LOLA I.
STREET ADDRESS	14128 DUVAL ROAD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	T
NAME	JAY, EDDIE L.
STREET ADDRESS	14128 DUVAL ROAD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000235844  
02/19/05-80022-005 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

*Lola I. Jay*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-05

Date

(904) 757-8200

Daytime Phone #