

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90031 011 \*\*\*150.00

**DOCUMENT # G78463**

1. Entity Name  
**LAND OF LEARNING ACADEMY INC.**



Principal Place of Business  
**8809 W ROBSON ST.  
TAMPA, FL 33615-2314**

Mailing Address  
**8809 W ROBSON ST.  
TAMPA, FL 33615-2314**

40054040



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

03112008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2153574**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, SHERRY  
8809 W. ROBSON STREET  
TAMPA, FL 33615**

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

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

(NOTE: Registered Agent signature required when registering)

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **BROWN, SHERRY**  
STREET ADDRESS **12334 TARPON SPRINGS ROAD**  
CITY-ST-ZIP **ODESSA, FL 33556**

TITLE **VT** ☐ Delete  
NAME **BARRY, JOSEPH C**  
STREET ADDRESS **12334 TARPON SPRINGS ROAD**  
CITY-ST-ZIP **ODESSA, FL 335565654**

TITLE **S** ☐ Delete  
NAME **BERTRAM, JUDY C**  
STREET ADDRESS **8913 DELTA LANE**  
CITY-ST-ZIP **TAMPA, FL 336351060**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **13340 Tarpon Springs Road**  
CITY-ST-ZIP **Odessa FL 33556-5654**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **13340 Tarpon Springs Road**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*Sherry Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-11-08**  
Date

**813-886-6494**  
Daytime Phone