

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H59956

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** TUSKAWILLA LEARNING CENTER, INC.

**Current Principal Place of Business:**

% THOMAS E. PHILLIPS  
1625 MONTESSORI PT  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

% THOMAS E. PHILLIPS  
1625 MONTESSORI PT  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 59-2564046

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PHILLIPS, THOMAS E.  
1625 MONTESSORI PT  
OVIEDO, FL 32765 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: PHILLIPS, THOMAS E.  
Address: 319 MAPLE COURT  
City-St-Zip: OVIEDO, FL 32765 US

Title: PD  
Name: PHILLIPS, LOIS LORRAINE  
Address: 319 MAPLE COURT  
City-St-Zip: OVIEDO, FL 32765 US

Title: VD  
Name: DELONG, TERRY LYNN  
Address: 1262 HILL STREAM DRIVE  
City-St-Zip: GENEVA, FL 32732 US

Title: SD  
Name: DELONG, DANIEL FRANKLIN  
Address: 1262 HILL STREAM DRIVE  
City-St-Zip: GENEVA, FL 32732 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS E. PHILLIPS

TD

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date