


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H66464</b>	
<b>1. Entity Name</b> THE LITTLE SCHOLARS SCHOOL INC.	

<b>Principal Place of Business</b> 2671 SUNSET POINT ROAD CLEARWATER, FL 33759	<b>Mailing Address</b> 2671 SUNSET POINT ROAD CLEARWATER, FL 33759
--	--

DO NOT WRITE IN THIS SPACE



02142008 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 59-2568581	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

MACDONALD, STEPHEN W  
348 HAMILTON AVE  
SAFETY HARBOR, FL 34695

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** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	000000829935 02/26/08-80063-001 150.00
---	---	---

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PD
<b>NAME</b>	MACDONALD, JUDITH M
<b>STREET ADDRESS</b>	348 HAMILTON AVE
<b>CITY-ST-ZIP</b>	SAFETY HARBOR, FL 34695
<b>TITLE</b>	VP
<b>NAME</b>	MACDONALD, STEPHEN W
<b>STREET ADDRESS</b>	348 HAMILTON AVE
<b>CITY-ST-ZIP</b>	SAFETY HARBOR, FL 34695
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

DO NOT WRITE  
IN THIS SPACE

**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:** Steph M. MacDonald **2-15-08** **727 791-3333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #