

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90083 049 ***150.00

DOCUMENT # H94165

1. Entity Name
CREATIVE LEARNING CENTER OF FLORIDA, INC.



Principal Place of Business
**4970 82ND AVE N
PINELLAS PARK, FL 33781 US**

Mailing Address
**2951 BETHANY PL
CLEARWATER, FL 33759 US**

40054526



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

Applied For

59-2692234

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

**SCOFIELD, FRED
2951 BETHANY PLACE
CLEARWATER, FL 34619**

Name
Scotfield, Fred

Street Address (P.O. Box Number is Not Acceptable)

1370 Gulf Blvd.

Apt. 404

City
Clearwater

FL

Zip Code
33767

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
SCOFIELD, FRED
2951 BETHANY PLACE
CLEARWATER, FL 33759** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
Scotfield, Fred
1370 Gulf Blvd. #404
Clearwater, FL 33767** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
SCOFIELD, PATRICIA T
2951 BETHANY PLACE
CLEARWATER, FL 33759** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
Scotfield Patricia
1370 Gulf Blvd. #404
Clearwater, FL 33767** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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

Daytime Phone #