

21420

FILED
Jan 09, 2007 08:00 AM
Secretary of State

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J09280	
1. Entity Name MILLHOPPER MONTESSORI SCHOOL, INC.	

Principal Place of Business 8505 NORTH WEST 39TH AVE GAINESVILLE, FL 32606	Mailing Address 8505 NORTH WEST 39TH AVE GAINESVILLE, FL 32606
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2695412	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MILLER, CHRISTINA J. 3722 NW 84 DR GAINESVILLE, FL 32606

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

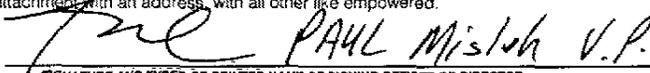
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MISLEH, PAUL 3722 NW 84 DR GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MILLER, CHRISTINA J 3722 NW 84 DR GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/10/07-80033-009 150.00

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: 	PAUL Mistleh V.P.	1/4/07	352-375-6773
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>	