

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J11483

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** SHADY OAKS PRIVATE SCHOOL AND CHILD CARE, INC.

**Current Principal Place of Business:**

2355 N. ORANGE BLOSSOM TRAIL  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

2355 N. ORANGE BLOSSOM TRAIL  
KISSIMMEE, FL 34744

**New Mailing Address:**

**FEI Number:** 59-2676104

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NUSSBICKEL, MARY E.  
2355 NORTH ORANGE BLOSSOM TRAIL  
KISSIMMEE, FL 34744 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: PD  
Name: NUSSBICKEL, MARY E.  
Address: 100 E. WASHINGTON AVE.  
City-St-Zip: KISSIMMEE, FL 34744

Title: SD  
Name: NEW, NANCY S.  
Address: 1603 W MAGNOLIA ST  
City-St-Zip: KISSIMMEE, FL 34741

Title: TD  
Name: NUSSBICKEL, WILLIAM L.  
Address: 1395 SUGAR CANE DRIVE  
City-St-Zip: KISSIMMEE, FL 34744

Title: VP  
Name: NUSSBICKEL, WILBER  
Address: 100 E WASHINGTON AVE  
City-St-Zip: KISSIMMEE, FL 34744

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: NANCY S. NEW

SD

04/19/2011

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

\_\_\_\_\_  
Date