

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2004 8:00 am**  
**Secretary of State**

07-13-2004 90008 043 \*\*\*150.00

**DOCUMENT # J19868**

**1. Entity Name**  
**MISS ADELE'S LEARNING CENTER, INC.**



**Principal Place of Business**

**1804 RICHMOND RD  
LAKELAND, FL 33803**

**Mailing Address**

**523 DUCHESS DRIVE  
LAKELAND, FL 33803**



07022004 No Chg-P CR2E034 (10/03)

**4. FEI Number**  
**59-2687390**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

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

**PATE, ADELE P.  
523 DUCHESS DRIVE  
LAKELAND, FL 33803**

**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**

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**PST**  
**PATE, ADELE P.**  
**523 DUCHESS DRIVE**  
**LAKELAND, FL 33803**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Adele P. Pate*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7-1-04* *803-6480123*  
Date Daytime Phone #

*Attachment*

**BERNIE COOK & ASSOCIATES, P.A.**

Tax Consulting, Accounting & Tax Problems Resolution

206 Lake Harris Drive  
Lakeland, FL 33813  
863-648-0123 Fax-863-647-5905  
E-Mail: Cooktax@aol.com

44048238

July 5, 2004

Division of Corporations  
PO Box 6198  
Tallahassee, FL 32314-6198

RE: Miss Adele's Learning Center Inc. J19868

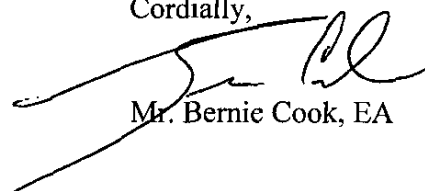
Dear Sirs/Madams:

Please find enclosed a check in the amount of \$150.00. The taxpayer received your Notice of Intent to Dissolve and were surprised as a check was mailed with the UBR form to you in April.

As per our conversation with your office on 7-6-2004, taxpayer has verified that the check has not cleared their bank account so they are re-issuing a replacement check to you. We are requesting that you abate the penalty and credit the filing of the UBR on time.

Thank you for your assistance.

Cordially,

  
Mr. Bernie Cook, EA

Cc: Miss Adele's