


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # K40413
1. Entity Name
YOUNGER YEARS LEARNING CENTER INC.



Principal Place of Business Mailing Address
1905 LENNA AVENUE P.O. BOX 6543E.
SEFFNER, FL 33584 US SEFFNER, FL 33584-6543

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2918705	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CROSSLEY, DEBORAH E.
2291 LAKE WOODBERRY CIRCLE
BRANDON, FL 33510

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

100000220570
02/08/05-80074-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROSSLEY, DEBORAH E 2272 JAUDON RD DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CROSSLEY, DONALD W 2272 JAUDON RD DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WORTHY, DORIS Y. 2208 WINDWOOD PL. VALRICO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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: Deborah E. Crossley Deborah E. Crossley 2-4-05 813-654-0789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #