

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90044 028 ***150.00

DOCUMENT # K45521
 1. Entity Name
 DEVELOPMENTAL LEARNING CENTER OF ST. LUCIE COUNTY, FLORIDA, INC.



Principal Place of Business: THE ARCADE BLDG, 101 N US #1 STE 112, FORT PIERCE FL 34950
 Mailing Address: % JOHN MAULDIN, 2423 TAMARIND DR., FT. PIERCE FL 34949

2. Principal Place of Business: THE ARCADE - 8126
 Suite, Apt. #, etc.: 101 N US #1, STE. 218
 City & State: FT. PIERCE, FL.
 Zip: 34950 Country: USA

3. Mailing Address: MOORE CR2E034 (11/03)
 4. FEI Number: 65-0078521 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent
 MAULDIN, JOHN
 2423 TAMARIND DR.
 FT. PIERCE FL 34949

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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: *J. Mauldin, PLO* DATE: 3/8/04
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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE: PST	<input type="checkbox"/> Delete
NAME: MAULDIN, JOHN	
STREET ADDRESS: 2423 TAMARIND DR	
CITY-ST-ZIP: FT. PIERCE FL	
TITLE: VD	<input type="checkbox"/> Delete
NAME: MAULDIN, JOHN	
STREET ADDRESS: 2423 TAMARIND DR	
CITY-ST-ZIP: FT. PIERCE FL	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

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: *J. Mauldin* DATE: 3/8/04 DAYTIME PHONE #: 772-466-4617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR