


**2006-FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # K90793 1. Entity Name MONTESSORI EDUCATION CENTER, INC.		
Principal Place of Business 4930 WEBB RD. TAMPA, FL 33615	Mailing Address 4930 WEBB RD. TAMPA, FL 33615	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JOHN J BOWMAN JR. 2505 W. PALM DR. TAMPA, FL 33629		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: <u>N/A</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small> DATE: _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000509133 04/28/06-80033-012 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOWMAN, NANCY L. 2505 W PALM DR TAMPA, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WRIGHT, ANNA M. 9242 LAKE PLACE LANE TAMPA, FL 33634	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BOWMAN, JOHN J JR. 2505 W. PALM DR. TAMPA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOWMAN, JOHN J., JR. 2505 W PALM DR TAMPA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4-8-06</u> Daytime Phone #: <u>813-886-3969</u>



04082006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2954423	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	