

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90041 014 \*\*\*150.00

**DOCUMENT # L60750**

1. Entity Name

GREAT BEGINNINGS PRE SCHOOL OF TAMPA, INC.



Principal Place of Business

C/O ANITA A. SANCHEZ  
4003 MANHATTAN AVENUE  
TAMPA FL 33611

Mailing Address

C/O ANITA A. SANCHEZ  
4003 MANHATTAN AVENUE  
TAMPA FL 33611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number **59-3006412**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAURER, ANITA A  
4003 MANHATTAN AVENUE  
TAMPA FL 33611

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST ☐ Delete  
NAME MAURER, ANITA A  
STREET ADDRESS 403-B S. WILLOW AV.  
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME SANCHEZ, ANITA A.  
STREET ADDRESS 403-B S. WILLOW AV.  
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME SANCHEZ, ANGELA  
STREET ADDRESS 3901 S.W. 20TH AVE. #709  
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE VD ☒ Change ☐ Addition  
NAME Maurer, Angela-S.  
STREET ADDRESS 5400 N.W. 39th Ave. #BB 261  
CITY-ST-ZIP Gainesville, FL 33606

TITLE SD ☐ Delete  
NAME BRIAN, SANCHEZ T  
STREET ADDRESS 4314 BARCELONA ST.  
CITY-ST-ZIP TAMPA FL 33629

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Anita A. Maurer* Anita A. Maurer 2-27-04 (813) 835-4891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #