

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90037 005 ***158.75

DOCUMENT # M10386

1. Entity Name

DOTTIE'S LITTLE RED SKOOL HOUSE INC.



Principal Place of Business

RT 4 BOX 330
BRANFORD FL 32008
US

Mailing Address

RT 4 BOX 330
BRANFORD FL 32008
US

94013330



MOORE

CR2E034 (11/03)

2. Principal Place of Business

372 S. ECYPRSS Lane

Suite, Apt. #, etc.

3. Mailing Address

372 SE Cypress Lane

Suite, Apt. #, etc.

City & State

Branford FL

City & State

Branford, FL

Zip

32008-5049

Country

U.S.

Zip

32008-5049

Country

U.S.

4. FEI Number

59-2486836

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOWEN, LESLEY E CPA
48 NE 15TH ST
HOMESTEAD FL 33030**

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

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

TITLE PT ☐ Delete
NAME BOYNTON, DOROTHY
STREET ADDRESS 28530 SW 163RD AVE.
CITY-ST-ZIP HOMESTEAD FL

TITLE VS ☐ Delete
NAME BOYNTON, WAYNE
STREET ADDRESS 28530 S.W. 163RD AVE.
CITY-ST-ZIP HOMESTEAD FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.T. ☐ Change ☒ Addition
NAME Boynton, Dorothy
STREET ADDRESS 3725 SE Cypress Lane
CITY-ST-ZIP Branford, Fla

TITLE VS ☐ Change ☒ Addition
NAME Boynton wayne
STREET ADDRESS 3725 S.E. Cypress Lane
CITY-ST-ZIP Branford, Fla

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dorothy F Boynton P.T.

Date

Daytime Phone #

2/9/04 386 9350441