

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # M86708 1. Entity Name WRIGHT'S WONDERLAND OF LEARNING CHILD CARE CENTER, INCORPORATED	
Principal Place of Business 812 MAYDELL DR. TAMPA, FL 33619	Mailing Address 812 MAYDELL DR. TAMPA, FL 33619
DO NOT WRITE IN THIS SPACE	
6. Name and Address of Current Registered Agent WRIGHT, JENNIFER B 910 MAYDELL DR. TAMPA, FL 33619	
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 _____ <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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD WRIGHT, JENNIFER B 910 MAYDELL DR. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WRIGHT, RUDOLPH F 910 MAYDELL DR. TAMPA, FL
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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: <u>Jennifer Wright</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2938693	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/26/05-80062-007 150.00

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IN THIS SPACE**

4/21/05 813-621-2838
Date Daytime Phone #