

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90004 012 ***158.75

DOCUMENT # M95051

1. Entity Name
PHYL'S ACADEMY PRESCHOOLS, INC.



Principal Place of Business
4645 N STATE RD 7
LAUDERDALE LAKES, FL 33319 US

Mailing Address
12361 N.W. 14TH STREET
PLANTATION, FL 33323 US



03022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0076022

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAPTISTE, CURTIS
12361 N.W. 14TH STREET
PLANTATION, FL 33323

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BAPTISTE, AFUA
STREET ADDRESS 12361 NW 14TH ST.
CITY-ST-ZIP PLANTATION, FL 33323

TITLE STD
NAME BAPTISTE, CURTIS
STREET ADDRESS 12361 NW 14TH ST.
CITY-ST-ZIP PLANTATION, FL 33323

TITLE VP
NAME BAPTISTE, CURTIS
STREET ADDRESS 12361 NW 14TH ST.
CITY-ST-ZIP PLANTATION, FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/06 954 214 6033