

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M96613

**FILED**  
**Feb 03, 2010**  
**Secretary of State**

**Entity Name:** SANDCASTLE LEARNING CENTER, INC.

**Current Principal Place of Business:**

4590 CLYDE MORRIS BLVD.  
PORT ORANGE, FL 32129 US

**New Principal Place of Business:**

**Current Mailing Address:**

4590 CLYDE MORRIS BOULEVARD  
PORT ORANGE, FL 32129 US

**New Mailing Address:**

**FEI Number:** 59-2914923

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMPSON, LORI  
4590 CLYDE MORRIS BLVD  
PORT ORANGE, FL 32129 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** THOMPSON, LORI A DIRECTO  
**Address:** 4590 CLYDE MORRIS BLVD.  
**City-St-Zip:** PORT ORANGE, FL 32129 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LORI THOMPSON

OWNE

02/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date