

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006992

FILED  
Aug 31, 2004  
Secretary of State

Entity Name: TODAY'S TECHNOLOGY CENTER, INC.

## Current Principal Place of Business:

4506 TWIN OAKS DRIVE  
PENSACOLA, FL 32507

## New Principal Place of Business:

4508 TWIN OAKS DRIVE  
PENSACOLA, FL 32506

## Current Mailing Address:

1053 W GONZALEZ STREET  
PENSACOLA, FL 32501

## New Mailing Address:

1104 WEBSTER DRIVE  
PENSACOLA, FL 32505

FEI Number: 59-3750612

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TODDLER TECH ACADEMY INC  
4506 TWIN OAKS DRIVE  
PENSACOLA, FL 32507 US

## Name and Address of New Registered Agent:

TODDLER TECH ACADEMY INC  
4508 TWIN OAKS DRIVE  
PENSACOLA, FL 32506 US

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: LORETTA RICHARDSON

08/31/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RICHARDSON, LORETTA M  
Address: 1053 W GONZALEZ ST  
City-St-Zip: PENSACOLA, FL 32501

Title: T ( ) Delete  
Name: RICHARDSON, GREGORY L  
Address: 1053 W GONZALEZ ST  
City-St-Zip: PENSACOLA, FL 32501

Title: VPD ( ) Delete  
Name: WILLIAMS, LINDA  
Address: 818 ASH DR  
City-St-Zip: PENSACOLA, FL 32503

Title: ST ( ) Delete  
Name: PERRYMAN, TRACY  
Address: 3330 MARCUS DR  
City-St-Zip: PENSACOLA, FL 32503

Title: TD ( ) Delete  
Name: WALKER, CONNIE  
Address: 1604 E FISHER  
City-St-Zip: PENSACOLA, FL 32503

Title: T ( ) Delete  
Name: CALLIS, JEAN  
Address: 617 OUTER DR  
City-St-Zip: MILTON, FL 325704238

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORETTA RICHARDSON

PD

08/31/2004

Electronic Signature of Signing Officer or Director

Date