

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jun 30, 2005  
Secretary of State

DOCUMENT# N04000004011

Entity Name: EARLY ADDITION, INC.

**Current Principal Place of Business:**

2640A MITCHAM DRIVE  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

2640A MITCHAM DRIVE  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 20-0176239      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

DUPREE, ABBY  
2640A MITCHAM DRIVE  
TALLAHASSEE, FL 32308      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

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: GRUENEWALD, JENNY-LYNN  
Address: 2708 WHARTON CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D      ( ) Delete  
Name: MURPHY, JILL  
Address: 4901 LAKE PARK DR  
City-St-Zip: TALLAHASSEE, FL 32311

Title: D      ( ) Delete  
Name: DALTON, MARY ELLEN  
Address: 1680 SILVER LAKE  
City-St-Zip: TALLAHASSEE, FL 32310

Title: D      ( ) Delete  
Name: DUPREE, ABBY  
Address: 1995 HICKORY TREE LANE  
City-St-Zip: TALLHASSEE, FL 32303

**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:

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: ABBY DUPREE

D

06/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date