2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2004 08:00 AM Secretary of State **DOCUMENT # P00000078205** MISS PEGGY'S SCHOOL, INC. Principal Place of Business Mailing Address PO BOX 560598 2620 S CONWAY RD ORLANDO, FL 32806 ORLANDO, FL 32856 04292004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3666741 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Z Fee Required 6. Name and Address of Current Registered Agent AVERY, PEGGY A DO NOT WRITE 2620 S CONWAY RD ORLANDO, FL 32806 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 reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees U00000153483 OFFICERS AND DIRECTORS 10. TITLE NAME AVERY, PEGGY A STREET ADDRESS 2620 S CONWAY RD CITY-ST-ZIP ORLANDO, FL 32806 TITLE NAME AVERY, MARK G STREET ADDRESS 2620 S CONWAY RD ORLANDO, FL 32806 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP mle NAME

12. I hereby certify that the information supplied with this filing does not qualify 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 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 TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

4/2/04

FILED

Daytime Phone #