

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 13, 2007 08:00 A  
Secretary of State

DOCUMENT # P00000078829

1. Entity Name  
CUB CITY LEARNING CENTER, INC.



Principal Place of Business  
204 SOUTH COMMERCE AVE.  
SEBRING, FL 33870

Mailing Address  
204 SOUTH COMMERCE AVE.  
SEBRING, FL 33870



04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-1084124

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PALMERTON, TAMMY  
204 SOUTH COMMERCE AVE.  
SEBRING, FL 33870

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME PALMERTON, KENNETH  
STREET ADDRESS 204 SOUTH COMMERCE AVE.  
CITY-ST-ZIP SEBRING, FL 33870

TITLE D  
NAME PALMERTON, TAMMY  
STREET ADDRESS 204 SOUTH COMMERCE AVE.  
CITY-ST-ZIP SEBRING, FL 33870

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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04/20/07-80151-021 150.00

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: Tammy Palmerton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-07 (803) 314.8639  
Date Daytime Phone #