

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000109911

1. Entity Name  
FUTURE DUCKLING LEARNING CENTER, INC.



Principal Place of Business  
4218 BLANDING BLVD., SUITE 102  
JACKSONVILLE, FL 32210

Mailing Address  
4218 BLANDING BLVD., SUITE 102  
JACKSONVILLE, FL 32210



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3687090

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SURRENCY, TERWYLA  
4218 BLANDING BLVD., SUITE 102  
JACKSONVILLE, FL 32210

**DO NOT WRITE  
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 reinstating) DATE

**FILE NOW!!! - FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SURRENCY, TERWYLA 2558 WHISPERING PINES DR ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SURRENCY, II, CARLTON GENE 2558 WHISPERING PINES DR ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000327982  
04/25/05-80059-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Terwyla P. Surrency* 4-22-05 (604) 771-4405