

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000004019

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** PAM'S LIGHTHOUSE LEARNING CENTER INC.

**Current Principal Place of Business:**

1209 47TH STREET  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

1209 47TH STREET  
NICEVILLE, FL 32578

**New Mailing Address:**

**FEI Number:** 59-3691534

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TODD, PAMELA K OWNER  
1209 47TH STREET  
NICEVILLE, FL 32578 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  
Name: TODD, PAMELA K OWNER  
Address: 1118 47TH STREET  
City-St-Zip: NICEVILLE, FL 32578

Title: O  
Name: PORTER, JANICE  
Address: 1458 THE CROSSINGS  
City-St-Zip: NICEVILLE, FL 32578

Title: O  
Name: TODD, LARRY D  
Address: 1118 47TH STREET  
City-St-Zip: NICEVILLE, FL 32578

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAMELA K. TODD

OWNE

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date