

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000044876

1. Entity Name
MY FIRST STEP LEARNING CENTER, INC.



Principal Place of Business
**3026 HICKORY NUT STREET
JACKSONVILLE, FL 32208**

Mailing Address
**3026 HICKORY NUT STREET
JACKSONVILLE, FL 32208**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3718578

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FLANDERS, RUDEEN D
STREET ADDRESS 3026 HICKORY NUT STREET
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE VD
NAME FLANDERS, JAMES P
STREET ADDRESS 3026 HICKORY NUT STREET
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE S
NAME SQUARE, ANNA M
STREET ADDRESS 3026 HICKORY NUT STREET
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE T
NAME FLANDERS, TRACY
STREET ADDRESS 3026 HICKORY NUT STREET
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000383621
01/13/06-80008-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Rudeen D. Flanders*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-06

Date

904-257-7400

Daytime Phone #