APR-30-2004 11:09AM FROM- 904-493-101

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May 03, 2004 8:00 am
Secretary of State
05-03-2004 90782 002 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000046879

1. Entity Name
T'S LEARNING CENTER II, INC.

Principal Place of Business
~~11761 BEACH BLVD STE 13~~
~~JACKSONVILLE, FL 32246~~

Mailing Address
11761 BEACH BLVD STE 13
JACKSONVILLE, FL 32246

04302004 Cng-P CR2E034 (10/03)

2. Principal Place of Business: 8595 Beach Blvd #201
Suite, Apt #, etc: Jacksonville FL
City & State: 32216
Zip / Country

3. Mailing Address
Suite, Apt #, etc.
City & State
Zip / Country

4. FEI Number ~~59-3497295~~ 59-3716157 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
TILLEY, STEPHEN E
4208 BAYMEADOWS ROAD
JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROHLOFF, THERESA M	NAME	
STREET ADDRESS	~~11761 BEACH BLVD STE 13~~ 421 St. Johns Golf Dr	STREET ADDRESS	
CITY-ST-ZIP	~~JACKSONVILLE, FL 32246~~ St. Augustine, FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Rohloff, mark	NAME	
STREET ADDRESS	421 St. Johns Golf Dr	STREET ADDRESS	
CITY-ST-ZIP	St. Augustine FL 32092	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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] 4-30-04 904-641-5273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #