

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000076730

**FILED**  
**Apr 18, 2005**  
**Secretary of State**

**Entity Name:** THE LEARNING DEPOT OF SPRING HILL, INC.

**Current Principal Place of Business:**

11128 LIBBY RD.  
SPRING HILL, FL 34609

**New Principal Place of Business:**

**Current Mailing Address:**

11128 LIBBY RD.  
SPRING HILL, FL 34609

**New Mailing Address:**

**FEI Number:** 59-3737182      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HANNA, GAIL C  
7692 INDIAN TRAIL RD  
WEEKI WACHEE, FL 34613      US

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

MEAD, GAIL E  
14267 MISTY ST.  
BROOKSVILLE, FL 34613      US

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: GAIL E. MEAD

04/18/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PS      ( ) Delete  
Name: HANNA, GAIL C  
Address: 10464 HENDERSON ST.  
City-St-Zip: SPRING HILL, FL 34608 US

Title: VT      ( ) Delete  
Name: BRUZZI, NANCY  
Address: 2388 AINSWORTH AVE.  
City-St-Zip: SPRING HILL, FL 34609 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS      (X) Change ( ) Addition  
Name: MEAD, GAIL E  
Address: 14267 MISTY ST.  
City-St-Zip: BROOKSVILLE, FL 34613 US

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GAIL E. MEAD

PS

04/18/2005

Electronic Signature of Signing Officer or Director

Date