

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90018 050 ***150.00

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1. Entity Name
LITTLE PIONEERS OF WESLEY CHAPEL, INC.



Principal Place of Business
28225 WORTHINGTON BLVD
ZEPHYRHILLS, FL 33543

Mailing Address
28225 WORTHINGTON BLVD
ZEPHYRHILLS, FL 33543

34010701



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3740278

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SINGLETARY, SUSAN L
8723 KENTON RD
WESLEY CHAPEL, FL 33544

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

TITLE DP ☐ Delete
NAME SINGLETARY, SUSAN L
STREET ADDRESS 8723 KENTON RD
CITY-ST-ZIP WESLEY CHAPEL, FL 33544

TITLE DV ☐ Delete
NAME SINGLETARY, PHILLIP S
STREET ADDRESS 8723 KENTON RD
CITY-ST-ZIP WESLEY CHAPEL, FL 33544

TITLE DV ☐ Delete
NAME STONE, BARBARALEE
STREET ADDRESS 8819 KENTON RD
CITY-ST-ZIP WESLEY CHAPEL, FL 33544

TITLE DT ☐ Delete
NAME GATLIN, SANDRA G
STREET ADDRESS 8819 KENTON RD
CITY-ST-ZIP WESLEY CHAPEL, FL 33544

TITLE DS ☐ Delete
NAME STONE, LINDAA L
STREET ADDRESS 8819 KENTON RD
CITY-ST-ZIP WESLEY CHAPEL, FL 33544

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Susan Singletary Susan Singletary

2-9-04

813-994-5668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #