

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000080355

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



FILED

04 NOV -2 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
28225 WORTHINGTON BLVD SR 54 W
ZEPHYRHILLS, FL 33543
Wesley Chapel

Mailing Address
28225 WORTHINGTON BLVD SR 54 W
ZEPHYRHILLS, FL 33543
Wesley Chapel



10252004 Chg-P CR2E034 (10/03)

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|--|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3740278 | | Applied For <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | | | | |

| | | | |
|--|--|---|--|
| 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 _____

Amended AR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP | DP SINGLETARY, SUSAN L 8723 KENTON RD WESLEY CHAPEL, FL 33544 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | OPT 300042401329 11/02/04--01053--004 **\$61.25 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV SINGLETARY, PHILLIP S 8723 KENTON RD WESLEY CHAPEL, FL 33544 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV STONE, BARBARALEE 8819 KENTON RD WESLEY CHAPEL, FL 33544 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT GATLIN, SANDRA G 8819 KENTON RD WESLEY CHAPEL, FL 33544 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS STONE, LINDA 8819 KENTON RD WESLEY CHAPEL, FL 33544 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 10-28-04 813-994-5668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #