2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P02000026280 02-15-2008 90004 048 ***150.00 FLOWERS MONTESSORI SCHOOL, INC. Principal Place of Business Mailing Address 3111 NW 31 AVE 3111 NW 31 AVE GAINESVILLE, FL 32605 GAINESVILLE, FL 32605 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132008 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. EEI Number 01-0617887 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KELLY, BRIDGET Street Address (P.O. Box Number is Not Acceptable) 4016 NW 14 PL GAINESVILLE, FL 32605 4016 NW 14th City GAINES VILLE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. President Kelly Fik, Bridget TITLE ☐ Delete TITLE Change Change ☐ Addition KELLY, BRIDGET NAME NAME 4016 NW 14 PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32605 CITY-S1-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED Feb 15, 2008 8:00 am

ATTACHMENT



Bookkeeping & Tax Center, Inc.

P.O. BOX 2410 14818 NW 140th Street Alachua, FL 32616

Telephone 386-462-4941 Fax 386-462-4938

CORPORATION ANNUAL REPORT

- 1. Attach a check payable to: Florida Department of State in the amount of \$ 150
- 2. Sign and mail by May 1, 2008:

NO CHANGES:

Division of Corporations P. O. Box 6198 Tallahassee, FL 32314

WITH CHANGES:

- Update Name

Division of Corporations P.O. Box 1500

Tallahassee, FL 32314

We suggest filing this report as soon as possible. The filing fee increases to \$550 for reports mailed after May 1, 2008.

Please add: Fix = Fas in Frank

as in indian

k as in Kiss

To existing name because of marriage.

Thank you. Bridget Kathleen Kelly Fik