

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

04 OCT 28 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000047573

1. Entity Name
THE PERFECT PLAYGROUND & LEARNING CENTER,
INC.



Principal Place of Business
4815 ALLEN RD
ZEPHYRHILLS, FL 33541

Mailing Address
4815 ALLEN RD
ZEPHYRHILLS, FL 33541



REINSTATEMENT

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
02-0609390

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

BRACE, KIMBERLY A
3130 DRY BRANCH ST
ZEPHYRHILLS, FL 33541

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BRACE, KIMBERLY A
STREET ADDRESS 3130 DRY BRANCH ST
CITY-ST-ZIP ZEPHYRHILLS, FL 33541

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

Kimberly A. Brace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-04

Date Daytime Phone #

8

2042

JOHN F. McCaffrey

Certified Public Accountant

July 10, 2004

Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314


Dear Sir/Madam:

Our client has attached the 2004 Corporate Annual Report along with a check for \$150.

Please abate the \$400 late filing fee as our client never received the original notice for filing of the Corporate Annual Report.

If you have any questions please feel free to contact me at this office.

Sincerely,


John F. McCaffrey, CPA