

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90185 029 \*\*\*150.00

**DOCUMENT # P02000061692**

1. Entity Name

LITERACY FOR LIFE SKILLS DEVELOPMENT, INC.



Principal Place of Business

544 WALNUT STREET  
ALTAMONTE SPRINGS FL 32714

Mailing Address

544 WALNUT STREET  
ALTAMONTE SPRINGS FL 32714



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number **32-0017592**

Applied For  
Not Applicable

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

BACCHUS, FENNA E  
544 WALNUT STREET  
ALTAMONTE SPRINGS FL 32714

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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 **P** ☐ Delete  
NAME **BACCHUS, FENNA E**  
STREET ADDRESS **544 WALNUT STREET**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **V** ☒ Delete  
NAME **OSIMEN, CHRISTOPHER**  
STREET ADDRESS **1207 W LINEBAUGH AVE.**  
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DIRECTOR, President** ☒ Change ☐ Addition  
NAME **BACCHUS, FENNA E**  
STREET ADDRESS **544 WALNUT ST.**  
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **VICE-PRESIDENT, CFO** ☐ Change ☒ Addition  
NAME **BACCHUS, FITZROY E.**  
STREET ADDRESS **544 WALNUT ST.**  
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **Glen Wade**  
STREET ADDRESS **869 Silversmith Cir.**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Glen Wade* **GLEN D. WADE, Secretary** 26 April 06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-321-1921