

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90037 037 ***158.75

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1. Entity Name

BRIGHT DISCOVERIES FOR EARLY LEARNING, INC.



Principal Place of Business

1857 CURLEW RD
PALM HARBOR FL 34683

Mailing Address

1857 CURLEW RD
PALM HARBOR FL 34683

2. Principal Place of Business

3. Mailing Address

4285 13th Way N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Pete Florida

4. FEI Number

01-0722016

Applied For

Not Applicable

Zip

Country

Zip

Country

33703 Pinellas

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DECOSMO, OSEANNA
1857 CURLEW RD
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

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

Oseanna DeCosmo President-Director 2/17/06

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

TITLE: D ☐ Delete
NAME: DECOSMO, OSEANNA
STREET ADDRESS: 4285 13TH WAY N.E.
CITY-ST-ZIP: ST. PETERSBURG FL 33703

TITLE: D ☐ Delete
NAME: LEMUS, MARCIAL JR.
STREET ADDRESS: 4797 14TH STREET N.E.
CITY-ST-ZIP: ST. PETERSBURG FL 33703

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:

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:

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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:

Oseanna DeCosmo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/06 (727) 527-3390

Date

Daytime Phone #