

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90043 028 \*\*\*158.75

**DOCUMENT # P02000080975**

1. Entity Name

HIGH EXPECTATION EDUCATION CENTER, INC.



Principal Place of Business

4748 NW 7TH MANOR  
COCONUT CREEK FL 33063

Mailing Address

4748 NW 7TH MANOR  
COCONUT CREEK FL 33063

2. Principal Place of Business

3601 Davie Blvd  
Suite, Apt. #, etc.  
FT Lauderdale FL

3. Mailing Address

As Above  
Suite, Apt. #, etc.

City & State

33312 Broward

City & State

Zip

Country

U.S.A

Zip

Country

4. FEI Number

54-2065363

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SEVILLE, BRIDGETTE  
4748 NW 7TH MANOR  
COCONUT CREEK FL 33063

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

*Bridgette Seville*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/05

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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 P ☐ Delete  
NAME SEVILLE, BRIDGETTE  
STREET ADDRESS 4748 N.W. 7TH MANOR  
CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE VP ☐ Delete  
NAME KIDD, STANLEY  
STREET ADDRESS 4748 N.W. 7TH MANOR  
CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE T ☐ Delete  
NAME WIGGAN, LISA  
STREET ADDRESS 4778 N.W. 5TH COURT  
CITY-ST-ZIP COCONUT CREEK FL 33063

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

TITLE 2nd VP ☒ Change ☐ Addition  
NAME Lisa Wiggan  
STREET ADDRESS 4778 NW 5th Court  
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition  
NAME Glenmore A. Wiggan  
STREET ADDRESS 4748 NW 7th Manor  
CITY-ST-ZIP Coconut Creek FL 33063

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 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:

BRIDGETTE SEVILLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/05 954 881 9671

Date

Daytime Phone #