2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000080975

1. Entity Name
HIGH EXPECTATION EDUCATION CENTER, INC.

Principal Place of Business
3601 DAVIE BOULEVARD
FORT LAUDERDALE, FL 33312

Mailing Address
4748 NW 7TH MANOR
COCONUT CREEK, FL 33063

DO NOT WRITE IN THIS SPACE

01232006 No Chg-P CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

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 ____________________

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SEVILLE, BRIDGETTE
STREET ADDRESS	4748 N.W. 7TH MANOR
CITY ST ZIP	COCONUT CREEK, FL 33063
TITLE	VP
NAME	KIDD, STANLEY
STREET ADDRESS	4748 N.W. 7TH MANOR
CITY ST ZIP	COCONUT CREEK, FL 33063
TITLE	2V
NAME	WIGGAN, LISA
STREET ADDRESS	4778 N.W. 5TH COURT
CITY ST ZIP	COCONUT CREEK, FL 33063
TITLE	T
NAME	WIGGAN, GLENMORE A
STREET ADDRESS	4748 NORTHWEST 7TH MANOR
CITY ST ZIP	COCONUT CREEK, FL 33563
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

U00000401690
02/02/06--80054-017 158.75

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #