

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 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**



02022007 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

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and fee applicable.

(NOTE: Registered Agent signature required when substituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000623059
02/13/07-80051-008 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
SEVILLE, BRIDGETTE
4748 N.W. 7TH MANOR
COCONUT CREEK, FL 33063**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**2V
WIGGAN, LISA
4778 N.W. 5TH COURT
COCONUT CREEK, FL 33063**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
WIGGAN, GLENMORE A
4748 NORTHWEST 7TH MANOR
COCONUT CREEK, FL 33563**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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 another the empowered.

SIGNATURE: *Bridgette Seville*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/07 *954-881-9671*
DATE DATE PHONE