2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 14, 2004 8:00 am Secretary of State DOCUMENT # P03000034132 1. Entity Name 04-14-2004 90049 017 ***150.00 B & C LEARNING, INC. Principal Place of Business Mailing Address 3821 SPRINGSIDE DRIVE 3821 SPRINGSIDE DRIVE ESTERO FL 33928 ESTERO FL 33928 2. Principal Place of Business 3. Mailing Address 3300-2 New South Province 3300-2 New South Province BIVA. Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For Ft. Myers, + Myers 35 - *2203* Not Applicable Zip 33907 Country \$8.75 Additional 5. Certificate of Status Desired ÚSA $\cup SA$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent S.C.O.PLETTUOLO, ROBERT SCOPPETTUOLO, ROBERT Street Address (P.O. Box Number is Not Acceptable) 3821 SPRINGSIDE DRIVE 300 - 2 New South ESTERO FL 33928 Zip Code 3390 . Myers 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, 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition SCOPPETTUOLO, ROBERT NAME SCOPPETTUOLO, ROBERT NAME 3300-2 New South Province Blud. STREET ADDRESS 3821 SPRINGSIDE DRIVE STREET ADDRESS CITY-ST-ZIP ESTERO FL 33928 CITY-ST-ZIP Ft. Myers, FL 33907 ח TITLE ☐ Delete TITLE Change : Addition FITZSIMMONS, CRYSTAL FITZSIMMONS, CRYSTAL NAME NAME 3300-2 New South Province Blud 7300 CONSTITUTION CIRCLE STREET ADDRESS STREET ADDRESS FL 33907 FORT MYERS FL 33912 Ft. Myers CITY-ST-ZIP CITY-ST-ZIP TIT) F ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP 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

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