

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90051 046 ***158.75

DOCUMENT # P03000071249

1. Entity Name

A LITTLE GUIDANCE, INC.



Principal Place of Business

3155 MARSH ROAD
DELAND FL 32724

Mailing Address

3155 MARSH ROAD
DELAND FL 32724

2. Principal Place of Business

3155 MARSH ROAD

3. Mailing Address

P.O. Box 1227

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DELAND, FLORIDA

DELAND, FLORIDA

City & State

City & State

Zip
32724

Country
VOLUSIA

Zip
32721

Country
VOLUSIA

4. FEI Number

11-3696039

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLOYD, BRUCE W
840 WEST NEW YORK AVENUE
DELAND FL 32720

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

Bruce W. Floyd

2-17-2004

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, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FUQUA, CAROLYN K
3155 MARSH ROAD
DELAND FL 32724 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PALMER, DORINDA V
491 WALNUT AVENUE
ORANGE CITY FL 32763 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

Dorinda V. Palmer DORINDA V. PALMER

Date

2/13/04

Daytime Phone #

386-736-6062