

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

01-29-2004 90088 014 ***150.00

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DOCUMENT # P03000074409 1. Entity Name THE FROG POND CENTER FOR LEARNING, INC.					
Principal Place of Business 435 S RIDGEWOOD AVE #210 DAYTONA BEACH, FL 32114				Mailing Address 435 S RIDGEWOOD AVE #210 DAYTONA BEACH, FL 32114	
2. Principal Place of Business 4606 S. Clyde Morris I-E Suite, Apt. #, etc. Port Orange, FL City & State		3. Mailing Address 4606 S Clyde Morris I-E Suite, Apt. #, etc. Port Orange, FL City & State		4. FEI Number 13-4255334	
Zip 32129 Country USA		Zip 32129 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOUGHAM, POLLIDIA 435 S RIDGEWOOD AVE #210 DAYTONA BEACH, FL 32114				7. Name and Address of New Registered Agent Name Pollidia Hougham Street Address (P.O. Box Number is Not Acceptable) 713 Pelican Bay Dr. City Daytona Bch FL 32119	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. PRESIDENT OFFICERS AND DIRECTORS <i>Section 10</i>					
TITLE	POLLIDIA HOUGHAM <input type="checkbox"/> Delete				
NAME	713 PELICAN BAY DR				
STREET ADDRESS	DAYTONA BEACH, FL 32119				
CITY-ST-ZIP					
TITLE	VICE PRESIDENT <input type="checkbox"/> Delete				
NAME	DAVE HOUGHAM				
STREET ADDRESS	713 PELICAN BAY DR				
CITY-ST-ZIP	DAYTONA BEACH FL 32119				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
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CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Pollidia Hougham</i>					
Date 1-25-04 Daytime Phone # (386) 761-6298					