

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-17-2005 90016 006 ****43.75
03-28-2005 90059 003 ***150.00

DOCUMENT # P03000077189

1. Entity Name

GENEVA EARLY LEARNING CENTER, INC.



Principal Place of Business

1707 HEATHERWOOD DRIVE
JACKSONVILLE FL 32259

Mailing Address

1707 HEATHERWOOD DRIVE
JACKSONVILLE FL 32259

2. Principal Place of Business

1755 SR 13

3. Mailing Address

P.O. Box 600593

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

14-1890455

Applied For

Not Applicable

Zip

32259

Country

ST. JOHNS

Zip

32260-0593

Country

ST. JOHNS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, LAURIE
1707 HEATHERWOOD DRIVE
JACKSONVILLE FL 32259

7. Name and Address of New Registered Agent

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

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, 2005 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

TITLE D ☐ Delete
NAME HALL, LAURIE
STREET ADDRESS 1707 HEATHERWOOD DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE D ☐ Delete
NAME HELGESON, MARIA
STREET ADDRESS 1707 HEATHERWOOD DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: *Laurie D. Hall* Laurie D. Hall

11/5/05 (904) 287-4865

Date

Daytime Phone #