

FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # *PD300082468*

1. Entity Name

D&C Learning Center Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

402-4th St SE.

Suite, Apt. #, etc.

3. Mailing Address

402-4th St SE

Suite, Apt. #, etc.

City & State

HAVANA

City & State

HAVANA FL

Zip

32333

Country

Gadsden

Zip

32333

Country

Gadsden

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Lillian D. Dupont

Street Address (P.O. Box Number is Not Acceptable)

402-4th St SE.

City

HAVANA

FL

Zip Code

32333

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

Lillian D. Dupont

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-2-07

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	<i>owner Dora Dupont 402-4th St SE Havana FL 32333</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lillian D. Dupont

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-07

Date

Daytime Phone #