2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000089293

1. Entity Name
STACI'S LEARNING STATION, INC.

Principal Place of Business	Mailing Address
10611 CONE GROVE RD RIVERVIEW, FL 33569	10611 CONE GROVE RD RIVERVIEW, FL 33569

DO NOT WRITE IN THIS SPACE

04122006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1201190

☐ Applied For
☐ Not Applicab

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILTNER, JOEL R
13302 BALM BOYETTE RD
RIVERVIEW, FL 33569

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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 accep the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILTNER, JOEL R
STREET ADDRESS	13302 BALM BOYETTE RD
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	V
NAME	MILTNER, CINDY J
STREET ADDRESS	13302 BALM BOYETTE RD
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	V
NAME	BEDENBAUGH, STACI M
STREET ADDRESS	10609 CONE GROVE RD
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	S
NAME	BEDENBAUGH, STEVEN L
STREET ADDRESS	10609 CONE GROVE ROAD
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/06-80092-002 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the info 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 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cindy J. Miltner Cindy J. Miltner 4/12/06 (813)671-5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #