


FILED
May 27, 2005 8:00 am
Secretary of State

04-29-2005 90220 027 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000029657					
1. Entity Name M & J PRESCHOOL OF LARGO, INC.					
Principal Place of Business 10275 GULF BLVD. #404 TREASURE ISLAND, FL 33706			Mailing Address 10275 GULF BLVD. #404 TREASURE ISLAND, FL 33706		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 86-1097155	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALDWELL, JOELLEN 10275 GULF BLVD. #404 TREASURE ISLAND, FL 33706				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	D SANDERS, MARTA L <input type="checkbox"/> Delete				
NAME	10275 GULF BLVD. #404				
STREET ADDRESS	TREASURE ISLAND, FL 33706				
CITY-ST-ZIP					
TITLE	D CALDWELL, JOELLEN <input type="checkbox"/> Delete				
NAME	10275 GULF BLVD. #402				
STREET ADDRESS	TREASURE ISLAND, FL 33706				
CITY-ST-ZIP					
TITLE	D CHERVANY, NORMAN <input type="checkbox"/> Delete				
NAME	2001 16TH TERRACE N.W.				
STREET ADDRESS	NEW BRIGHTON, MN 55117				
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					
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: <u>Jo Ellen Caldwell</u> <u>Jo Ellen Caldwell</u> <u>5/24/05</u> <u>727-526-6931</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					