


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90363 014 \*\*\*150.00

DOCUMENT # P04000052461 1. Entity Name ABC LEARNING CENTER, INC. OF QUINCY	
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Principal Place of Business 327 SOUTH ADAMS STREET QUINCY, FL 32351	Mailing Address P.O. BOX 26 QUINCY, FL 32353-0026
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**DO NOT WRITE IN THIS SPACE**



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number 43-1962321	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WIGGINS-MCGRIFF, TONJII D  
617 S CALDWELL STREET  
QUINCY, FL 32351

**DO NOT WRITE IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WIGGINS, VIVIAN D 617 S CALDWELL STREET QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WIGGINS-MCGRIFF, TONJII D 617 S CALDWELL ST QUINCY, FL 32351
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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 exemptions contained in Chapter 119, 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: Leonard D. Wiggins-McGriff 4/27/06 1852)622-271  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #