

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 SEP 16 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000077407

1. Entity Name  
SEE SAW JUNCTION LEARNING CENTER, INC.



Principal Place of Business  
6812 N DIXON AVE  
TAMPA, FL 33604

Mailing Address  
6812 N DIXON AVE  
TAMPA, FL 33604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09022005

Chg-P

CR2E034 (10/03)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COLE, KATHY L  
205 W MARTIN LUTHER KING BLVD  
#204  
TAMPA, FL 33603

7. Name and Address of New Registered Agent

Name: JANICE L Albury  
Street Address (P.O. Box Number is Not Acceptable):  
6812 N Dixon  
City: Tampa FL FL Zip Code: 33604

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 \$550.00**  
**Due by September 7, 2005**

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	<u>Albury</u> <u>BALEW, JANICE</u> 6812 N DIXON AVE TAMPA, FL 33604	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Vice Pres</u> <u>Frederick Albury</u> <u>6812 N Dixon</u> <u>Tampa, FL 33604</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Janice Albury</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>V. Pres.</u> <u>Frederick Albury</u> <u>6812 N. Dixon</u> <u>Tampa, FL 33604</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>40005978713</u> <u>03/20/05 01054-003 1100.00</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/05

Date

13 2370169

Daytime Phone #

2002

Division Of Corporation  
P.O. Box 6327  
Tallahassee, FL. 32314

September 11, 2005

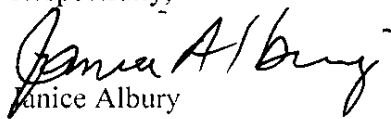
RE: See Saw Junction Learning Center, Inc.  
#P04000077407

Dear Sir:

Please be advised that See Saw Learning Center, Inc. received the annual notice two days ago. It was delivered to the office next door and they are just now returning it to our office. Therefore, we are asking that you waive any additional fees at this time.

We are enclosing a check for \$150.00 in order the renew See Saw Junction Learning Center, Inc.. If you have any questions please call.

Respectfully,

  
Janice Albury  
President