

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000116512

1. Entity Name
TLC LEARNING ACADEMY OF ANTHONY, INC.



Principal Place of Business
2957 BIRMINGHAM BLVD.
ORLANDO, FL 32829

Mailing Address
2957 BIRMINGHAM BLVD.
ORLANDO, FL 32829

[Handwritten signature]

FILED

05 MAY 24 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

9355 NE JACKSONVILLE RD

3. Mailing Address

SAME

Suite, Apt. #, etc.

P.O. BOX 203

Suite, Apt. #, etc.

City & State

ANTHONY FL

City & State

Zip

32617

Country

MARION

Zip

Country

05232005

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

ALARCON, MARIA E
2957 BIRMINGHAM BLVD.
ORLANDO, FL 32829

7. Name and Address of New Registered Agent

Name JULIO C. SOMEILLAN

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

9225 COLLINS AVE PHE

City SURFSIDE

FL

Zip Code

33154

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

[Handwritten signature: Julio C. Someillan]

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME P LARREA, RUBEN ☒ Delete
STREET ADDRESS 2957 BIRMINGHAM BLVD.
CITY-ST-ZIP ORLANDO, FL 32829

TITLE NAME VS TORRIENTE, VIRGINIA DE LA ☒ Delete
STREET ADDRESS 2957 BIRMINGHAM BLVD.
CITY-ST-ZIP ORLANDO, FL 32829

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME P MARIA E. ALARCON ☐ Change ☒ Addition
STREET ADDRESS 9355 NE JACKSONVILLE RD.
CITY-ST-ZIP ANTHONY-FL-32617

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 500055969815
CITY-ST-ZIP 06/09/05--01031--014 **150.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

[Handwritten signature: Maria E. Alarcon]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #