

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P05000068991

1. Entity Name
M. & J. PRESCHOOLS II, INC.



Principal Place of Business
10275 GULF BLVD.
404
TREASURE ISLAND, FL 33706

Mailing Address
4210 78TH AVENUE NORTH
PINELLAS PARK, FL 33781



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1133401

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CALDWELL, JO ELLEN
10275 GULF BLVD.
402
TREASURE ISLAND, FL 33706

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 SANDERS, MARTA L
STREET ADDRESS 10275 GULF BLVD #404
CITY-ST-ZIP TREASURE ISLAND, FL 33706

TITLE SEC
NAME CALDWELL, JO ELLEN
STREET ADDRESS 10275 GULF BLVD. #402
CITY-ST-ZIP TREASURE ISLAND, FL 33706

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IN THIS SPACE**

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05/23/07-80015-014 150.00

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: Jo Ellen Caldwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 727-548-1424
Date Daytime Phone #