


FILED
Aug 22, 2007 8:00 am
Secretary of State

07-13-2007 90087 033 ***150.00

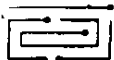
**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000035310					
1. Entity Name S. A. HULL KINDERGARTEN, INC.					
Principal Place of Business 4711 AVE. B JACKSONVILLE, FL 32209			Mailing Address 4711 AVE. B JACKSONVILLE, FL 32209		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3131710	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUBBARD, KIM K 3730 BEACH BLVD. JACKSONVILLE, FL 32207			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's signature required when reappointing)					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST BLAND, YOLANDA 4711 AVE. B JACKSONVILLE, FL 32209		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BLAND, DEMETRIA 989 MONUMENT RD APT 813 JACKSONVILLE, FL 32225		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 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: Yolanda Bland - Yolanda Bland			7/9/07 904-765-4278		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone</small>		

66021271



07092007 Chg-P CR2E034 (12/06)



CONNER, HUBBARD & COMPANY, P.A.
Certified Public Accountants

Taxation, Accounting, Pension Planning, and Business Counseling

ATTACHMENT

66021271

#706000031310

July 9, 2007

Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500

Re: S.A. Hull Kindergarten, Inc.
FEI Number: 20-4463459

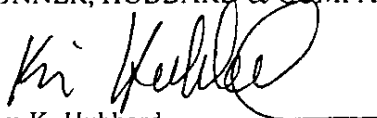
Dear Sir or Madam:

Please accept the enclosed check in the amount of \$150.00 as full payment for the above-referenced Florida Corporate Annual Report based upon the following facts and circumstances:

- The late filing was not due to willful neglect;
- The owner has no record of receiving the original form;
- The business is a small one-owner; and,
- All previous filings have been made timely.

Please remove the late filing penalty for reasonable cause. Please call me if you have any questions or need any further information.

Sincerely,
CONNER, HUBBARD & COMPANY, P.A.


Kim K. Hubbard,
Certified Public Accountant

Enclosures

website: www.connerhubbard.com
Please respond to the office at:

e-mail: firm@connerhubbard.com

☐ 1106 Park Avenue
Orange Park, Florida 32073
(904) 278-1040; Fax (904) 278-9444

☒ 3730 Beach Boulevard
Jacksonville, Florida 32207
(904) 398-1710; Fax (904) 398-5298

☐ 212 North Davis Street
Nashville, Georgia 31639
(229) 686-3377; Fax (229) 686-3566