

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000097255

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** SHERRI'S COZY CORNER LEARNING CENTER INC

**Current Principal Place of Business:**

3551 42ND AVE S STE B101-102  
ST PETERSBURG, FL 337114369

**New Principal Place of Business:**

**Current Mailing Address:**

3551 42ND AVE S STE B101-102  
ST PETERSBURG, FL 337114369

**New Mailing Address:**

**FEI Number:** 65-1285073

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, SHARON R  
4001 39TH ST S  
ST PETERSBURG, FL 337114205 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WILLIAMS, SHARON R  
Address: 4001 39TH ST S  
City-St-Zip: ST PETERSBURG, FL 337114205

Title: VD  
Name: WILLIAMS, RICHARD E  
Address: 4001 39TH ST S  
City-St-Zip: ST PETERSBURG, FL 337114205

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHARON R. WILLIAMS

PD

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date