

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 11, 2008 8:00 am
Secretary of State

08-11-2008 90122 026 ***558.75

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| DOCUMENT # P06000153784 1. Entity Name CAVERNS LEARNING CENTER INC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 3383 CAVERNS ROAD MARIANNA, FL 32446 US | | | Mailing Address 781 MARTIN LAKES DR E JACKSONVILLE, FL 32220 US | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business (No P.O. Box #) Suite, Apt. #, etc. | | 3. Mailing Address PO Box 901 Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State MARIANNA FL | | City & State MARIANNA FL | | 4. FEI Number 20-8050346 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 32447 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and Address of Current Registered Agent MULDER, KRISTIE 781 MARTIN LAKES DR E JACKSONVILLE, FL 32220 PO Box 901 MARIANNA FL 32447 | | | | 7. Name and Address of New Registered Agent CAVERNS Learning Center inc Street Address (P.O. Box Number is Not Acceptable) 3383 Caverns Rd Marianna, FL 32447 City FL Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. 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 signature required when registering) DATE: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008 | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">NAME</td> <td style="width: 70%;">P <input type="checkbox"/> Delete</td> </tr> <tr> <td>MULDER, KRISTIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>VP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>MULDER, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> </table> | | | NAME | P <input type="checkbox"/> Delete | MULDER, KRISTIE | | STREET ADDRESS | | CITY-STATE-ZIP | | <hr/> | | VP | <input type="checkbox"/> Delete | MULDER, MICHAEL | | STREET ADDRESS | | CITY-STATE-ZIP | | <hr/> | | TITLE | <input type="checkbox"/> Delete | NAME | | STREET ADDRESS | | CITY-STATE-ZIP | | <hr/> | | TITLE | <input type="checkbox"/> Delete | NAME | | STREET ADDRESS | | CITY-STATE-ZIP | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> </table> | | | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> | NAME | | STREET ADDRESS | | CITY-STATE-ZIP | | <hr/> | | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> | NAME | | STREET ADDRESS | | CITY-STATE-ZIP | | <hr/> | | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> | NAME | | STREET ADDRESS | | CITY-STATE-ZIP | |
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| 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 furnished 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 in an addendum with an address with all other like empowered. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE: <u>Kristi Mulder</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | <u>7/4/08</u> Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

40113175



06282008 Chg-P CR2E034 (12/06)

July 18, 2008

ATTACHMENT

CAVERNS LEARNING CENTER INC
PO BOX 901
MARIANNA, FL 32447 US

40113175

SUBJECT: CAVENS LEARNING CENTER INC
Ref. Number: P06000153784

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

The registered agent must have a Florida street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6056 and press 4. Your call will be answered in the order it is received.

ANNUAL REPORTS SECTION

Letter number: 708A00042218

/vrh
Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida
32314

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7. LIST, 8. NEXT FILING ON LIST, 9. PREV FILING ON LIST
ENTER SELECTION AND CR: