

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000068655

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** LITTLE UNIVERSITY OF MONTICELLO, INC.

**Current Principal Place of Business:**

315 SOUTH MULBERRY ST.  
MONTICELLO, FL 32344 US

**New Principal Place of Business:**

459 HOPSON RD  
MONTICELLO, FL 32344 US

**Current Mailing Address:**

315 SOUTH MULBERRY ST.  
MONTICELLO, FL 32344 US

**New Mailing Address:**

459 HOPSON RD  
MONTICELLO, FL 32344 US

**FEI Number:** 27-0940693

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOPSON, EDNA W  
459 HOPSON RD  
MONTICELLO, FL 32344 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** HOPSON, ROY R  
**Address:** 459 HOPSON RD  
**City-St-Zip:** MONTICELLO, FL 32344 US

**Title:** SEC  
**Name:** HOPSON, EDNA W  
**Address:** 459 HOPSON RD  
**City-St-Zip:** MONTICELLO, FL 32344 US

**Title:** TRES  
**Name:** HOPSON, EDNA W  
**Address:** 459 HOPSON RD  
**City-St-Zip:** MONTICELLO, FL 32344 US

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:** ROY HOPSON

PRES

04/29/2010

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

\_\_\_\_\_  
Date