

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21282

FILED
Apr 29, 2005
Secretary of State

Entity Name: POMPTON LAKES NURSERY SCHOOLS, INC.

Current Principal Place of Business:

21 PASSAIC AVE.
POMPTON LAKES, NJ 07442

New Principal Place of Business:

Current Mailing Address:

21 PASSAIC AVE.
POMPTON LAKES, NJ 07442

New Mailing Address:

FEI Number: 22-1908313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KING, JOHN H
507 NO. NEW YORK AVE.
WINTER PARK, FL 32789 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: PVS () Delete
Name: LARSSON, ESTHER
Address: 202 SWEETWATER CLUB BLVD
City-St-Zip: LONGWOOD, FL 32779

Title: TD () Delete
Name: LARSSON, ESTHER
Address: 202 SWEETWATER CLUB BLVD
City-St-Zip: LONGWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ESTHER LARSSON

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date