

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 17, 2007 8:00 am**  
**Secretary of State**

07-17-2007 90136 003 \*\*\*150.00

**DOCUMENT # P93000022939**

1. Entity Name  
**THE LEARNING TREE SCHOOL, INC.**



Principal Place of Business  
**318 E. GIBSON STREET  
ARCADIA, FL 34266**

Mailing Address  
**P.O. BOX 95  
ARCADIA, FL 34266**

**DO NOT WRITE IN THIS SPACE**



07122007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0394975**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**THOMAS, DONNA S  
318 E. GIBSON STREET  
ARCADIA, FL 34266**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT  
THOMAS, DONNA S  
318 E GIBSON ST  
ARCADIA, FL 34266**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
GERARD, THOMAS J  
318 E GIBSON ST  
ARCADIA, FL 34266**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 another like empowered.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(863) 494-2255

ATTACHMENT

40125723

THE LEARNING TREE, INC.

P.O. Box 95  
Arcadia, FL 34265-0095

Phone: (863) 494-2255

July 12, 2007

Florida Department of State  
P.O. Box 6198  
Tallahassee, FL 32314-6198

REF: Document # P93000022939

To whom it may concern:

I just received the notice today that my Corporation was beginning dissolved.  
Enclosed is my renewal form and check for \$150.00. I ask that you abate the \$400.00  
penalty. I have never been late before. I don't believe that I ever received the post card my  
bookkeeper said I should have received in the mail to remind me of this renewal. Please  
abate this penalty.

Sincerely,



Donna S. Thomas, President