


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000022939 1. Entity Name THE LEARNING TREE SCHOOL, INC.	
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Principal Place of Business 318 E. GIBSON STREET ARCADIA, FL 34266	Mailing Address P.O. BOX 95 ARCADIA, FL 34266
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DO NOT WRITE IN THIS SPACE



05152008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0394975	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**THOMAS, DONNA S
318 E. GIBSON STREET
ARCADIA, FL 34265**

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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
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06/03/08-80011-024 150.00

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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 all other like empowered.

SIGNATURE: Donna S. Thomas 5/16/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #