


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90046 046 ***150.00

DOCUMENT # P95000016715					
1. Entity Name THE ABC & 123 LEARNING CENTER II, INC.					
Principal Place of Business 4970 STEELDUST LN LUTZ FL 33549			Mailing Address 4970 STEELDUST LN LUTZ FL 33549		
2. Principal Place of Business 4970 Steeldust Lane		3. Mailing Address 4970 Steeldust Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lutz Florida		City & State Lutz Florida		4. FEI Number 59-3336502	
Zip 33559		Country Pasco		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOPPER, SUSAN 4970 STEEL DUST LANE LUTZ FL 33549			7. Name and Address of New Registered Agent Name: Hopper Susan Street Address (P.O. Box Number is Not Acceptable) 4970 Steeldust Lane City: Lutz FL Zip Code: 33559		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DPT	NAME HOPPER, SUSAN		TITLE	NAME	
STREET ADDRESS 4970 STEEL DUST LANE	CITY-ST-ZIP LUTZ FL 33559		STREET ADDRESS	CITY-ST-ZIP	
TITLE VS	NAME ELDRIDGE, LOUISE		TITLE	NAME	
STREET ADDRESS 8141-4 BRADDOCK CIRCLE	CITY-ST-ZIP PORT RICHEY FL 34668		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Susan Hopper			1/30/06 (813) 973 2488		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					