


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2008 8:00 am
Secretary of State


07-30-2008 90028 003 ***550.00

DOCUMENT # P95000045165	
1. Entity Name MISS CORRIE'S PLAYSCHOOL, INC.	

Principal Place of Business 935 EUSTIS GROVE ST EUSTIS, FL 32726 US	Mailing Address 935 EUSTIS GROVE ST EUSTIS, FL 32726 US
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2. Principal Place of Business - No P.O. Box # 922 N Grove St	3. Mailing Address 922 N Grove St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Eustis	City & State Eustis
Zip FL	Country 32726
Zip FL	Country 32726

	
07282008	Chg-P CR2E034 (12/06)
4. FEI Number 59-3322665	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROMFIELD, GARRY 935 EUSTIS GROVE ST EUSTIS, FL 32726	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROMFIELD, GARRY 935 EUSTIS GROVE ST EUSTIS, FL 32726 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *G. Bromfield* **7/28/08** **352-357-6214**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #