2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000015963

1. Entity Name
PANDA HUGS LEARNING CENTER, INC.

Principal Place of Business	Mailing Address
%TUTORTIME 15051 BRUCE B DOWNS BLVD TAMPA, FL 33647 US	%TUTORTIME 15051 BRUCE B DOWNS BLVD TAMPA, FL 33647 US

DO NOT WRITE IN THIS SPACE

04172004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3365060
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALLBAUGH, SUE ANNE
10819 CAPTAIN HOOK CIRCLE
THONOTOSASSA, FL 33592

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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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALLBAUGH, SUE ANNE
STREET ADDRESS	S.R. 2 BOX 63
CITY-ST-ZIP	SATSUMA, FL 32189
TITLE	D
NAME	DRISCOLL, ANDREA L
STREET ADDRESS	35716 WELBY CT.
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541
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	

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04/29/04-80050-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Sue Anne Allbaugh 4/26/04 813-971-2976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #