

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000016280

1. Entity Name
TINY TIKES ACADEMY AT SKEES ROAD, INC.



Principal Place of Business
1679 SKEES ROAD
WEST PALM BEACH, FL 33411

Mailing Address
1679 SKEES ROAD
WEST PALM BEACH, FL 33411



02132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0659408

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

RICHARDSON, KEVIN F
1551 FORUM PL #300-F
WEST PALM BEACH, FL 33401

**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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

U000000469870
03/27/06-80018-019 158.75

10. OFFICERS AND DIRECTORS

TITLE D
NAME RICHARDSON, KEVIN F
STREET ADDRESS 1551 FORUM PL ST 300F
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D
NAME DORMINEY, MARK
STREET ADDRESS 1628 GRANTHAM DRIVE
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mark Dorminey, Pres 3-13-06 (561) 640-912