

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000032675

Entity Name: MONTESSORI ISLAND SCHOOL, INC.

**FILED**  
**Apr 25, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

92295 OLD STATE ROAD 4-A  
TAVERNIER, FL 33070

**New Principal Place of Business:**

**Current Mailing Address:**

92295 OLD STATE ROAD 4-A  
TAVERNIER, FL 33070

**New Mailing Address:**

FEI Number: 65-0691767

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, SARAH W  
92295 OLD STATE ROAD  
TAVERNIER, FL 33070 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: SMITH, SARAH W  
Address: 92295 OLD STATE ROAD  
City-St-Zip: TAVERNIER, FL 33070

Title: VD  
Name: HANSEN, STEPHEN  
Address: 92295 OLD STATE ROAD  
City-St-Zip: TAVERNIER, FL 33070

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SARAH W SMITH

PRES

04/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date