


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000049102</b> 1. Entity Name A+ TUTORING OF CENTRAL FLORIDA, INC.	
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Principal Place of Business 7623 ALOMA AVENUE WINTER PARK, FL 32792	Mailing Address 7623 ALOMA AVENUE WINTER PARK, FL 32792
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**DO NOT WRITE IN THIS SPACE**



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3388593	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CASTLEN, ANN 7623 ALOMA AVENUE WINTER PARK, FL 32792
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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 Ann Castlen DATE 4/15/04  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASTLEN, ANN 7623 ALOMA AVENUE WINTER PARK, FL 32792
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U000000120948  
04/20/04-80030-009 150.00

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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)(f), 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: Ann Castlen DATE 4/15/04 DAYTIME PHONE # 407 678-8847  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR