

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90169 017 ***150.00

DOCUMENT # P96000081318

1. Entity Name

TWO BY TWO PRESCHOOL, INC.



Principal Place of Business

105 NE 1ST AVENUE
WILLISTON, FL 32696

Mailing Address

105 NE 1ST AVENUE
WILLISTON, FL 32696



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3404118

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHARON C. BRANNAN, CPA PA
116 NE 6TH AVE
WILLISTON, FL 32696

**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

Suzanne Hozito
Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/04

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	HOGATE, SUZANNE
STREET ADDRESS	219 SE 3RD AVE
CITY - ST - ZIP	WILLISTON, FL 32696
TITLE	D
NAME	MILLS, SUZANNE <i>Delete</i>
STREET ADDRESS	17151 NE 45TH CT
CITY - ST - ZIP	WILLISTON, FL 32696
TITLE	<i>Vice President Add</i>
NAME	Hogate Roy E.
STREET ADDRESS	219 SE 3rd Ave
CITY - ST - ZIP	Williston FL 32696
TITLE	<i>Secretary - Treasure Add</i>
NAME	Starnes, Robin
STREET ADDRESS	PO Box Hwy 334
CITY - ST - ZIP	Bronson, FL 32
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Suzanne Hozito
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04

Date

(352) 528-4242

Daytime Phone #