

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P96000081318

1. Entity Name  
TWO BY TWO PRESCHOOL, INC.



**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90011 046 \*\*\*150.00

Principal Place of Business

105 NE 1ST AVENUE  
WILLISTON, FL 32696

Mailing Address

105 NE 1ST AVENUE  
WILLISTON, FL 32696



01052007 No Chg-P CR2E034 (11/05)

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HOGATE, SUZANNE  
219 SE 3RD AVE  
WILLISTON, FL 32696

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
HOGATE, ROY E  
219 SE 3RD AVE  
WILLISTON, FL 32696

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
STARNES, ROBIN  
PO BOX 186  
BRONSON, FL 32621

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
OFF  
Wilson, Sandy  
19250 NE 50th St  
Williston FL 32696

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 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 like empowered.

SIGNATURE:

*[Signature]*

11/01/07

352) 528-4242