

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000081318

FILED
Apr 20, 2009
Secretary of State

Entity Name: TWO BY TWO PRESCHOOL, INC.

Current Principal Place of Business:

105 NE 1ST AVENUE
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

105 NE 1ST AVENUE
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 59-3404118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARON C. BRANNAN, CPA PA
116 NE 6TH AVE
WILLISTON, FL 32696 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: D () Delete
Name: HOGATE, SUZANNE
Address: 219 SE 3RD AVE
City-St-Zip: WILLISTON, FL 32696

Title: VP () Delete
Name: HOGATE, ROY E
Address: 219 SE 3RD AVE
City-St-Zip: WILLISTON, FL 32696

Title: ST () Delete
Name: STARNES, ROBIN
Address: PO BOX 186
City-St-Zip: BRONSON, FL 32

Title: O () Delete
Name: WILSON, SANDY
Address: 19250 NE 50TH SR
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HOGATE, SUZANNE
Address: 219 SE 3RD AVE
City-St-Zip: WILLISTON, FL 32696

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: STARNES, ROBIN
Address: PO BOX 186
City-St-Zip: BRONSON, FL 32626

Title: O (X) Change () Addition
Name: WILSON, SANDY
Address: 19250 NE 50TH ST
City-St-Zip: WILLISTON, FL 32696

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUZANNE E HOGATE

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date