


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000014678
 1. Entity Name
 LANGUAGE & LEARNING ASSOCIATES, P.A.



Principal Place of Business Mailing Address
 10714 NW 18TH CT 10714 NW 18TH CT
 GAINESVILLE, FL 32606 US GAINESVILLE, FL 32606 US

DO NOT WRITE IN THIS SPACE



05292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3424525	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 HOFFMANN, SUSAN K
 10714 NW 18TH COURT
 GAINESVILLE, FL 32606

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P HOFFMANN, SUSAN K 10714 NW 18TH COURT GAINESVILLE, FL 32606
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 06/04/08-80071-013 150.00

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: Susan K. Hoffmann 5/28/08 352-331-2139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #