

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90098 003 ***150.00

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1. Entity Name
GREEN ACRES LEARNING CENTER, INC.



Principal Place of Business
1126 SW MAIN BLVD.
LAKE CITY, FL 32025 US

Mailing Address
P.O. BOX 2166
LAKE CITY, FL 32056-2166

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02282006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3462710

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'NEAL, JOHN W
212 SE HICKORY DRIVE
LAKE CITY, FL 32025

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME O NEAL, DANETTE ☐ Delete
STREET ADDRESS 2109 SE CLINE FEAGLE RD.
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE VPST
NAME O NEAL, JOHN W ☐ Delete
STREET ADDRESS 2109 SE CLINE FEAGLE RD
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 221 SE MILLCREEK COURT
CITY-ST-ZIP LAKE CITY, FLORIDA 32025

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 221 MILLCREEK COURT
CITY-ST-ZIP LAKE CITY, FLORIDA 32025

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: John W. O'Neal PRESIDENT 2/28/06 386-752-7578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #