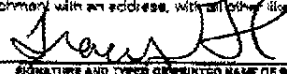


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000090154		
1. Entity Name GROWING ROOM LEARNING CENTER, INC.		
Principal Place of Business 2470 CURLEW ROAD CLEARWATER, FL 33761-1025		Mailing Address 2470 CURLEW ROAD CLEARWATER, FL 33761-1025
DO NOT WRITE IN THIS SPACE		
		04222004 No Chg-P CR2E034 (10/03) 4. FEI Number 59-3547024 ☐ Applied For 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent JORGE, LINDA E 442 WEST KENNEDY BOULEVARD SUITE 340 TAMPA, FL 33606		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 relinquishing)) DATE _____		
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		1000000132620 04/27/04-80055-004 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENLOW, SUSAN 2470 CURLEW RD. CLEARWATER, FL 33761	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GABBARD, TRACY 2470 CURLEW RD. CLEARWATER, FL 33761	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 filers empowered.		
SIGNATURE: 		4.22.04 7279339290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Secretary/Agent