



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000092026 1. Entity Name LITTLE RED SCHOOLHOUSE, INC.	
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Principal Place of Business 11 E. FIRST STREET APOPKA, FL 32703	Mailing Address PO BOX 15 APOPKA, FL 32704-0015 US
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DO NOT WRITE IN THIS SPACE

	
04212008	No Chg-P CR2E034 (11/05)
4. FEI Number 59-3547028	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, LOTTIE S 11 E FIRST ST APOPKA, FL 32703

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST SMITH, LOTTIE S 11 E. FIRST STREET APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M SMITH, LOTTIE 11 E. FIRST STREET APOPKA, FL 32703
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<p>000000938305 05/27/08-80086-008 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <i>Lottie S. Smith</i>	4/25/08	321-239-3459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #