

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90039 010 ***150.00

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02142004 Chg-P CR2E034 (10/03)

DOCUMENT # P98000102097 1. Entity Name HOFFMAN LEARNING CENTERS, INC.					
Principal Place of Business 5400 PARK CENTRAL COURT SUITE 1 NAPLES, FL 34109			Mailing Address 5400 PARK CENTRAL COURT SUITE 1 NAPLES, FL 34109		
2. Principal Place of Business 10641 Airport Pulling <small>Suite, Apt. #, etc.</small> Road North, Ste 28		3. Mailing Address 10641 Airport Pulling <small>Suite, Apt. #, etc.</small> Road North, Ste 28		4. FEI Number 65-0893863 Applied For <input type="checkbox"/> Not Applicable	
<small>City & State</small> Naples, FL		<small>City & State</small> Naples, FL			
<small>Zip</small> 34109		<small>Country</small> 			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	PT HOFFMAN, LOREN 5400 PARK CENTRAL CRT STE#1 NAPLES, FL 34109	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	10641 Airport Pulling Rd N, Ste 28 Naples, FL 34109	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	VS HOFFMAN, DEBRA 5400 PARK CENTRAL CRT STE.,#1 NAPLES, FL 34109	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	10641 Airport Pulling Rd N, Ste 28 Naples, FL 34109	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/24/04 239-593-5535 <small>Date Daytime Phone #</small>		