

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90008 009 ***150.00

DOCUMENT # P99000019004

1. Entity Name

DISCOVERY DAYSCHOOL II, INC.



Principal Place of Business

5000 SOUTH DIXIE HIGHWAY
WEST PALM BEACH FL 33405

Mailing Address

5000 SOUTH DIXIE HIGHWAY
WEST PALM BEACH FL 33405



2. Principal Place of Business - No P.O. Box #

5000 South Dixie Hwy

3. Mailing Address

5000 So. Dixie Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

West Palm Beach FL 33405

City & State

West Palm Beach FL 33405

Zip

33405

Country

USA

Zip

33405

Country

USA

4. FEI Number

65-0899651

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KINO, GREGORY S
515 NORTH FLALGER DRIVE
SUITE 1700
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Dora P. Kino

Street Address (P.O. Box Number is Not Acceptable)

5000 S. Dixie Highway
W.P.B., FL 33405

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 date, if applicable.

(NOTE: Registered Agent signature required when reconstituting.)

DATE

1-25-08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DTVP
NAME KINO, GREGORY S
STREET ADDRESS 5000 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP WEST PALM BEACH FL 33405 ☐ Delete

TITLE D
NAME KINO, DORA P
STREET ADDRESS 5000 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP WEST PALM BEACH FL 33405 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/08 561 585-1119

Date

Daytime Phone #