


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # P99000061033</b>	
1. Entity Name <b>MONTESSORI TIDES SCHOOL, INC.</b>	

Principal Place of Business <b>1550 PENMAN RD. JACKSONVILLE BCH, FL 32250</b>	Mailing Address <b>P. O. BOX 330422 ATLANTIC BCH, FL 32233</b>
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04282008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-3585155</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>GRAHAM, JOHN P 1054 N. 21ST ST. JACKSONVILLE BCH, FL 32250</b>	DO NOT WRITE IN THIS SPACE
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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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent. (NOTE: Registered Agent's picture required when registering)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GRAHAM, KATHY 1054 N 21ST STREET JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT GRAHAM, JOHN P 1054 N 21ST STREET JACKSONVILLE BEACH, FL 32250
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05/23/08-80062-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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, and all other like empowered.

**SIGNATURE:** *Phil Graham* (PHIL GRAHAM) 4/25/08 904-241-1139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone