2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/20/

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-20-2004 90002 011 ***158.75

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1. Entity Name
SANDCASTLE PRESCHOOL, INC.

66430920

Principal Place of Business	Mailing Address
1533 KENNEDY BLVD. LAKELAND, FL 33810	5004 BEEKMAN COURT TAMPA, FL 33624

07122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		18543, Kingbird Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Lutz, FL	
Zip	Country	Zip 33558-2710	Country

4. FEI Number 59-3597608 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MEHRA, MANJUSHA 5004 BEEKMAN COURT TAMPA, FL 33624	Name SHARON DANIELS Street Address (P.O. Box Number is Not Acceptable) 18543, Kingbird Drive. Lutz City FL Zip Code 33558-2710

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. SMDaniels. Sharon Daniels

SIGNATURE MSMehra Manjusha Mehra President 6/12/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MEHRA, MANJUSHA S 5004 BEEKMAN COURT TAMPA, FL 33624	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD DANIELS, SHARON M 5004 BEEKMAN COURT TAMPA, FL 33624	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: MSMehra Manjusha Mehra, President 6/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SMDaniels. Sharon Daniels