## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000093167

Entity Name: BRIGHT IDEAS LEARNING CENTER, INC.

FILED Aug 17, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

810 N. CENTRAL AVE UMATILLA, FL 32784

Current Mailing Address: New Mailing Address:

810 N. CENTRAL AVE UMATILLA, FL 32784

FEI Number: 59-3604573 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRINSTEAD, BARBARA
23870 SE HWY 42
ALTOONA, FL 32702 US
GRINSTEAD, BARBARA
23870 SE HWY 42 (P.O. BOX 1305)
ALTOONA, FL 32702 US

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.

SIGNATURE: BARBARA GRINSTEAD 08/17/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 SCOTT, EDSEL E
 Name:
 BELL, OUITA L

 Address:
 W DEMKO RD
 Address:
 29760 DEMKO RD.

 City-St-Zip:
 ALTOONA, FL 32702
 City-St-Zip:
 ALTOONA, FL 32702

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GRINSTEAD, BARBARA L
 Name:

 Address:
 23870 SE HWY 42
 Address:

 City-St-Zip:
 ALTOONA, FL 32702
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA GRINSTEAD OWNE 08/17/2004