

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000094461

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** LEARNING TREE CHILD DEVELOPMENT CENTERS, INC.

**Current Principal Place of Business:**

2995 AVENUE G NORTHWEST  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

233 BENNETT STREET  
AUBURNDALE, FL 33823

**New Mailing Address:**

**FEI Number:** 59-3604942

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BYRD, INEZ W PRES.  
233 BENNETT STREET  
AUBURNDALE, FL 33823 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BYRD, INEZ W  
Address: 233 BENNETT STREET  
City-St-Zip: AUBURNDALE, FL 33823

Title: VPD  
Name: BYRD, RICHARD  
Address: 233 BENNETT STREET  
City-St-Zip: AUBURNDALE, FL 33823

Title: SD  
Name: BYRD, BARRY  
Address: 9508 WATERFORD OAKS BLVD.  
City-St-Zip: WINTER HAVEN, FL 33884

Title: TD  
Name: BYRD, KERRY  
Address: 9508 WATERFORD OAKS BLVD.  
City-St-Zip: WINTER HAVEN, FL 33884

I hereby 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 all other like empowered.

SIGNATURE: INEZ W. BYRD

PRES

03/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date