2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 08:00 AM
Secretary of State

DOCUMENT # S66292

1. Entity Name
PRECIOUS CARGO PRE-SCHOOL, INC.

Principal Place of Business	Mailing Address
3521 S MICHIGAN BLVD HOMOSASSA, FL 34448	3521 S MICHIGAN BLVD HOMOSASSA, FL 34448

07052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3072733
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TITUS, CLAIRE A.
849 KINGS BAY DRIVE
CRYSTAL RIVER, FL 34423

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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 and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P
NAME	DEBUSK, LINDA
STREET ADDRESS	2325 S SANDBURG POINT
CITY-ST-ZIP	HOMOSASSA, FL 34448
TITLE	VP
NAME	ANDERSON, BARBARA
STREET ADDRESS	4519 ELM DRIVE
CITY-ST-ZIP	CRYSTAL RIVER, FL
TITLE	ST
NAME	TITUS, CLAIRE
STREET ADDRESS	849 KINGS BAY DR., POB 903
CITY-ST-ZIP	CRYSTAL RIVER, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/23/04-80007-001 150.00

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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: Linda C DeBusk 20 July 04 (352) 628-3719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #