

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # S66292

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



Principal Place of Business

**3521 S MICHIGAN BLVD
HOMOSASSA, FL 34448**

Mailing Address

**3521 S MICHIGAN BLVD
HOMOSASSA, FL 34448**

DO NOT WRITE IN THIS SPACE



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3072733	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEBUSK, LINDA
STREET ADDRESS	2325 S SANDBURG POINT
CITY- ST- ZIP	HOMOSASSA, FL 34448

TITLE	VP
NAME	DEBUSK, LINDA
STREET ADDRESS	2325 S. SANDBURG PT.
CITY- ST- ZIP	HOMOSASSA, FL 34448

TITLE	ST
NAME	DEBUSK, LINDA
STREET ADDRESS	2325 S. SANDBURG PT.
CITY- ST- ZIP	HOMOSASSA, FL 34448

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000528941
05/05/06-80057-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 April (352) 283719

Date

Daytime Phone #