


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90018 024 ***150.00

DOCUMENT # 426227					
1. Entity Name LOVE-N-CARE DAY NURSERIES, INC.					
Principal Place of Business 4848 S.W. 61ST AVENUE DAVIE, FL 33314		Mailing Address 4848 S.W. 61ST AVENUE DAVIE, FL 33314		54037777	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04052004 Chg-P CR2E034 (10/03)	
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1459349	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
ENGLAND, LEVI % ENGLAND & DONATO 7700 DAVIE ROAD EXTENSION HOLLYWOOD, FL 33024 <i>CHANGE →</i>				7. Name and Address of New Registered Agent	
				Name <i>X Margaret McAllister</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>4860 S.W. 61 Av.</i>	
				City <i>Davie</i>	FL Zip Code <i>33314</i>
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 <i>Margaret McAllister</i>				DATE <i>4-19-04</i>	
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 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCALLISTER, MARGARET 4860 SW 61 AVE DAVIE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STUBBLEFIELD, CAMILLE 1641 W OAK KNOLL CR FT LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ST Stubblefield Camille</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>9890 S.W. 1st Court Plantation, FL 33324</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SULLIVAN, LEANNE 13851 SW 26 ST DAVIE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Margaret McAllister</i>				Date <i>4-19-04</i> Daytime Phone # <i>954-583-2931</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					