


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 08, 2007 08:00 AM
Secretary of State**

DOCUMENT # K67080 1. Entity Name KENNEDY CHILD CARE, INC.	
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Principal Place of Business 1412 SE 16 PLACE CAPE CORAL, FL 33990 US	Mailing Address 1412 SE 16 PLACE CAPE CORAL, FL 33990 US
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DO NOT WRITE IN THIS SPACE



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0101757	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KENNEDY, MARIANITA
30 SE 10 AVE
CAPE CORAL, FL 33990

**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: Marianita Kennedy DATE: 3-5-07
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KENNEDY, JAMES M. 30 SE 10 AVENUE CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KENNEDY, MARIANITA M. 30 SE 10 AVENUE CAPE CORAL, FL 33990
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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: Marianita Kennedy Sec/Treas DATE: 3-5-07 DAYTIME PHONE #: 239-5743515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marianita Kennedy