


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 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



03092008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0101757	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000877621 04/14/08-80021-023 150.00
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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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  DATE: 3-31-08 23957435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #