


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90693 027 ***150.00

DOCUMENT # P01000103334

1. Entity Name
STEPPING STONE CHILD CARE & LEARNING CENTER, INC.



Principal Place of Business Mailing Address
2331 NORTH STATE ROAD 7 **2331 NORTH STATE ROAD 7**
LAUDERHILL, FL 33313 **LAUDERHILL, FL 33313**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04292004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
30-2096671 Not Applicable

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

6. Name and Address of Current Registered Agent

CANNAVAN, JACQUELINE E ESQ
4330 SHERIDAN STREET SUITE 202-B
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
 NAME **RICHARDSON, MATTIE**
 STREET ADDRESS **2331 NORTH STATE ROAD 7**
 CITY-ST-ZIP **LAUDERHILL, FL 33313**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V Delete
 NAME **RICHARDSON, DARRELL**
 STREET ADDRESS **2331 NORTH STATE ROAD 7**
 CITY-ST-ZIP **LAUDERHILL, FL 33313**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ST Delete
 NAME **GOODEN-SMITH, LINDA**
 STREET ADDRESS **2331 NORTH STATE ROAD 7**
 CITY-ST-ZIP **LAUDERHILL, FL 33313**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Mattie S. Richardson* Date: *4/30/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #