2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State
01-26-2005 90017 038 ***150.00

DOCUMENT # P03000055334

1. Entity Name

AMOS ENTERPRISES & DAYCARE, INC.

40007144

1st MOORE CR2E034 (10/04)

Principal Place of Business	Mailing Address
LAKE MARTIN DR. 4510-F ORLANDO FL 32808	LAKE MARTIN DR. 4510-F ORLANDO FL 32808

2. Principal Place of Business	3. Mailing Address
WEST KENNEDY BLVD	POINT LOOK OUT ROAD
Suite, Apt. #, etc.: 433	Suite, Apt. #, etc.: 4544
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32810 Country: ORANGE	Zip: 32808 Country: ORANGE

4. FEI Number 56-2379214 ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ADESOJI, AFOLORUNSO A
4510 LAKE MARTIN DR., APT. #F
ORLANDO FL 32808

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: AMOS AFOLORUNSHO AMOS 01/19/05
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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D ADESOJI, AFOLORUNSO A 4510 LAKE MARTIN DR., APT. #F ORLANDO FL 32808 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SINGLETARY, TASHA M 4510 LAKE MARTIN DR., APT. #F ORLANDO FL 32808 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR AMOS ADESOJI AFOLORUNSHO 4544 POINT LOOK OUT ROAD ORLANDO FL 32808 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SINGLETARY TASHA M 4544 POINT LOOK OUT ROAD ORLANDO FL 32808 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: AMOS AFOLORUNSHO AMOS 01/19/05 407-6677771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #